



County of Los Angeles CHIEF EXECUTIVE OFFICE

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WILLIAM T FUJIOKA
Chief Executive Officer

February 9, 2010

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, CA 90012

Dear Supervisors:

RECOMMENDATION TO IMPLEMENT THE RESTRUCTURING OF THE GENERAL RELIEF PROGRAM (ALL DISTRICTS – 3 VOTES)

SUBJECT

On October 6, 2009, your Board approved 27 recommendations to restructure the General Relief (GR) program and enter into Phase Two of the GR Restructuring process. At that time, your Board requested that specific information regarding the recommendations be reported back to the Board.

IT IS RECOMMENDED THAT YOUR BOARD:

1. Approve the implementation plans for the 27 GR Restructuring recommendations approved by your Board on October 6, 2009 set forth in Attachment 1.
2. Instruct the Chief Executive Officer (CEO) and Director of Public Social Services to return to the Board in June 2012 with a report on the implementation and outcomes of the expansion of the GR Housing Subsidy and Case Management Project (Recommended Action No. 5) and recommendations regarding continuation of the expansion of the number of housing subsidies, and not to expand the number of subsidies in effect as of June 2012 without specific authorization by your Board.
3. Instruct the CEO and the Director of Mental Health, together with the Directors of Public Social Services, Health Services, and Public Health to develop a plan using existing resources to the extent available, to integrate services for GR participants who are severely mentally ill, receiving a GR housing subsidy, and pursuing SSI, and report back to the Board within 90 days. This plan shall address the various GR

Board of Supervisors
GLORIA MOLINA
First District

MARK RIDLEY-THOMAS
Second District

ZEV YAROSLAVSKY
Third District

DON KNABE
Fourth District

MICHAEL D. ANTONOVICH
Fifth District

Restructuring recommendations which are specifically relevant for this population, including but not limited to Recommendations 2, 5, 6, 7, 30, 34, and 36.

4. Instruct the CEO and the Director of Public Social Services, in collaboration with the Board Offices and County Departments, as necessary, to develop two pilot projects to contract with one or more community-based organizations to conduct SSI advocacy for GR recipients in the areas served by the Rancho Park and South Special - Department of Public Social Services (DPSS) offices. The two pilots will utilize different innovative strategies and will demonstrate new approaches to assisting GR recipients to achieve SSI approval based on the initial application. The Rancho Park pilot will utilize a competitive bidding process to select one or more community-based contractor(s) to conduct all SSI advocacy work within the service area. The South Special pilot is described in Attachment 2, and will utilize a competitive bidding process to select one or more community-based contractors to augment the DPSS SSI Advocates in the South Special DPSS office. County staff is to submit the implementation plans for both pilots to the Board for approval within 90 days. The plans shall recommend distinct approaches for each of the pilot offices, not displace any DPSS SSI Advocates, include an evaluation component, and be funded out of the GR anti-homelessness services account with no NCC beyond the funding already dedicated to GR Restructuring. With respect to the Rancho Park pilot, the two existing DPSS SSI advocates would function as liaisons to the Community Based Organization (CBO) contractor(s) and would otherwise be available to provide assistance as requested by the CBO contractor(s).
5. Approve the 15 additional consensus recommendations from the GR Restructuring Workgroup set forth in Attachment 3.
6. Approve the evaluation for GR Restructuring set forth in Attachment 4.
7. Approve the allocation of the remaining \$1.0 million net County cost (NCC) from the \$7.2 million for GR Restructuring included in the Fiscal Year (FY) 2009-2010 DPSS budget, as recommended by the GR Restructuring Workgroup and set forth in Attachment 5.
8. Instruct the CEO to collaborate with impacted departments, as necessary, on FY 2009-10 Appropriation Adjustments and the FY 2010-11 Proposed Budget to implement the GR Restructuring recommendations. No budgeted positions are proposed for FY 2009-10.

9. Approve a change of the program name from "General Relief" to "Transitional Assistance and Services Program", as recommended by the GR Restructuring Workgroup and set forth in Attachment 6.
10. Receive and file information on Supplemental Security Income (SSI) advocacy efforts in other jurisdictions and additional information regarding the Phase One GR Restructuring Recommendations, as requested by your Board and set forth in Attachment 7.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

On April 21, 2009, on a motion by Supervisor Knabe, your Board instructed the CEO, in collaboration with DPSS, and consultation with County Counsel, to design a potential GR program that will better assist the more than 84,000 GR participants, with the expectation that more of these individuals would be able to transition off of County assistance. In response, the GR Restructuring Workgroup, consisting of 11 County departments and 10 Stakeholders, was convened. On October 6, 2009, your Board approved 27 recommendations generated by the workgroup and instructed the workgroup to proceed to Phase Two of the GR Restructuring process to create implementation and evaluation plans for the approved recommendations, to consider any remaining recommendations not yet presented to your Board, and to develop new recommendations to restructure the GR Program.

Beginning October 15, 2009, the workgroup met five times to discuss the remaining recommendations to restructure the GR Program, create implementation and evaluation plans for the 27 approved recommendations, and discuss potential new names for the restructured GR program, as directed by your Board on October 6, 2009. At the conclusion of Phase Two, the Workgroup reached consensus on the attached Implementation plans for the 27 approved recommendations (Attachment 1).

On October 6, 2009, your Board approved the expansion of the GR Housing Subsidy and Case Management Project. This project is currently funded as an ongoing part of the Homeless Prevention Initiative, and provides rental subsidies to 900 homeless GR participants. As approved by your Board in Phase One, the number of subsidies would be incrementally expanded through December 2014 until the total number of subsidies reaches 10,000. These subsidies will be provided exclusively to GR participants who are employable and participating in GROW or disabled and pursuing SSI or Veterans' Disability benefits.

The expansion in the number of housing subsidies will be funded through an initial one-time investment of \$3.9 million that is part of the \$7.2 million in one-time funding for GR Restructuring included in the FY 2009-10 DPSS budget. After the initial investment,

the expansion will be fully funded through Interim Assistance Reimbursement of GR grant and housing subsidy costs and prospective GR grant savings for homeless GR participants who receive a housing subsidy and then exit GR with employment, SSI, or veterans' disability benefits. When a GR participant secures employment that pays over \$621/month or is approved for SSI, the participant's GR grant and housing subsidy are both automatically terminated.

The current implementation plan projects that 154 new housing subsidies could be added each month based on the reinvestment of these savings; however, if actual savings are less than projected, the addition of new subsidies will be slower than planned. The number of subsidies will only be expanded based on the savings generated by GR participants who receive a housing subsidy and exit GR with work or disability benefits. If those savings are inadequate to support continued expansion, the expansion will be suspended, and the number of subsidies will be controlled to stay within the available funding.

Given the magnitude of this expansion in the number of housing subsidies, it is recommended that your Board review the progress and impact once this expansion and the other aspects of GR Restructuring have been fully implemented. Your Board would determine at that time whether the expansion should continue. Accordingly, we are recommending that the CEO and DPSS return to your Board with a report and recommendations in June 2012, which will be 18 months after implementation of the full set of GR Restructuring Recommendations.

There is a subset of GR participants who are homeless and severely mentally ill. These participants will benefit from receiving a GR housing subsidy, and should generally be able to qualify for SSI, if there is sufficient documentation of their mental disability. However, these participants frequently do not receive ongoing mental health treatment and have difficulty securing the necessary documentation of their disability. Moreover, to realize the maximum benefits from a GR housing subsidy, these participants will often need more intensive case management and greater mental health, health, and/or substance abuse treatment than other GR participants. Therefore, as set forth in Recommendation No. 3, it is appropriate for the departments most involved in providing services to this subset of GR participants to develop a plan to integrate services for this population, which utilizes existing resources and does not require any additional NCC.

One of the primary goals of GR Restructuring is to increase the number of GR participants who qualify for SSI and the percentage of GR participants who are approved at the first step of the SSI application process. Various community-based organizations have experience providing SSI advocacy services to indigent adults, and many community-based organizations provide related services to indigent adults, including health services, mental health services, and/or emergency shelter.

Accordingly, Recommendation No. 4 proposes that the CEO and DPSS work with the Board offices and County departments to craft two pilot projects utilizing the skills and abilities of CBOs. The two projects will each test a distinct approach to the role of the CBO(s). The CEO and DPSS will return to your Board within 90 days to request approval of the pilot plans. In conjunction with the development of the pilot plans, the CEO and DPSS will develop the formal contract solicitation documents, in consultation with Board offices and County Departments, as necessary, with the goal of releasing the contract solicitations as soon as possible following Board approval of the pilot plans.

During Phase Two, the Workgroup discussed the remaining GR Restructuring recommendations and made new recommendations. The Workgroup was able to reach consensus on an additional 15 recommendations to restructure the GR program for your consideration (Attachment 3). The most notable of these recommendations include:

- Restructuring the GR SSI and Medi-Cal Advocacy Program (Recommendation No. 31).
- Providing mental health treatment for GR participants with pending SSI applications, where the treatment would substantiate the disability and facilitate the approval of SSI, dependent upon funding (Recommendation No. 34);
- Increasing the SSI approval rate at the initial application level by 10 percent in each of the next three years, to reach 70 percent at the initial application level by FY 2012-13, while increasing the total number of SSI approvals by 500 per year over each of the next three years, to reach an increase of 1,500 SSI approvals by FY 2012-13 (Recommendation No. 38);
- Engaging in a dialogue with Board and Care operators to determine how to increase usage by GR participants (Recommendation No. 30);
- Conducting a pilot which grants bus passes to 200 GR participants to determine if doing so increases the likelihood of having their SSI application approved (Recommendation No. 41); and
- Reconstituting the GR Restructuring Workgroup as the GR Restructuring Steering Committee to oversee the implementation process and monitor the outcomes (Recommendation No. 42).

During Phase Two, the Workgroup also reached consensus to recommend approval of the Evaluation Plan drafted by the CEO Service Integration Branch and modified based on input from the Workgroup (Attachment 4). The Evaluation Plan will evaluate the initial 27 recommendations, plus any new recommendations generated during Phase Two that are approved by your Board. The plan will provide quarterly data reports and an annual analysis.

The DPSS budget for FY 2009-10 contains \$7.2 million to begin the process of restructuring the GR Program, which your Board approved on October 6, 2009. This plan designated \$1 million to be used to fund recommendations by the GR Restructuring Workgroup in Phase Two of the process. After considering the funding needs of all of the approved and new recommendations, the Workgroup developed a plan for the remaining \$1 million as set forth in Attachment 5.

If approved, implementation of the GR Restructuring recommendations will necessitate adjustments to the FY 2009-10 budgets of several County departments, and will impact the FY 2010-11 budget requests for those and additional departments. In FY 2009-10, Appropriation Adjustments will be required to reflect funding from DPSS to other County departments, such as the Department of Health Services, the Department of Mental Health (DMH), and the Los Angeles County Sheriff's Department for document retrieval services. The FY 2010-11 Proposed Budget would reflect additional federal revenue for DPSS, transfers of funding from DPSS to several other County departments and the addition of 45 budgeted positions in DPSS and other departments, as specified in the implementation plan for the Phase One recommendations (Attachment 1) and the new Phase Two recommendations (Attachment 3). The number of staff needed by DMH has yet to be determined. In addition, subsidized employees from the South Bay Workforce Investment Board would be utilized.

As requested by Supervisor Ridley-Thomas and approved by your Board on October 6, 2009, the Workgroup considered potential new names for the GR program and researched comparable programs within California and across the nation. The workgroup reached consensus on three potential new names for the GR Program, but it did not reach consensus on which of those names to recommend, nor whether to recommend a change from the current name. A majority of the workgroup supports a change in the current name as a way to convey the magnitude of the change represented by GR Restructuring. A majority of the workgroup supports the following new name: Transitional Assistance and Services Program. The other two options identified by the Workgroup are: Adult Transitional Assistance and Services Program and Los Angeles Transitional Assistance Program. A list of the potential names that were created and considered by the Workgroup are included in Attachment 6, along with the names for the GR Program in selected California counties and states across the nation.

The cost impact of changing the name of the GR Program would be negligible. DPSS can internally promote the new name and change the name on existing forms on a flow basis, utilizing all forms with the old name before ordering supplies with the new name. DPSS experienced a similar change in 1998 when Aid to Families with Dependent Children was changed to California Work Opportunities and Responsibility to Kids

(CalWORKs). DPSS did not experience or identify any negative consequences from the name change during that transition period.

At your October 6, 2009 meeting, your Board requested additional details regarding the initial 27 GR Restructuring recommendations, as well as SSI approval and job placement targets. The response to Supervisor Ridley-Thomas' motion regarding SSI approval targets was provided on October 26, 2009. Detailed responses to the motions made by Supervisors Ridley-Thomas, Antonovich and Yaroslavsky are provided in Attachment 7.

As requested by Supervisor Ridley-Thomas on October 27, 2009, DPSS also researched SSI Advocacy practices in several jurisdictions, including Chicago, Baltimore, San Francisco, and Denver. A comparison of the SSI Advocacy services in each of these jurisdictions, and an overview and performance data on the SSI/Social Security Disability Insurance Outreach, Access and Recovery approach to SSI advocacy, which is promoted by the Social Security Administration and used by many other successful jurisdictions, is also included in Attachment 7 for your information.

IMPLEMENTATION OF STRATEGIC PLAN GOALS

The proposed recommendations are consistent with the principles of the Countywide Strategic Plan Goal No. 1, Operational Effectiveness, by maximizing the effectiveness of the GR Program to support effective and timely delivery of public services, and Goal No. 2, Children, Family and Adult Well-Being, by enriching the lives of GR applicants and participants through, cost-effective and client-centered supportive services.

FISCAL IMPACT/FINANCING

The proposed recommendations from Phase Two and the approved recommendations from Phase One are funded through the following sources that are within the DPSS GR budget:

1. Redirection of current NCC within the GR administration budget.
2. The \$1 million from the \$7.2 million reserved from Phase One of the GR Restructuring process, plus the \$6.0 million in one-time funding addressed in Phase One.
3. New federal revenue that will be drawn down by NCC in the GR administration budget.

4. Interim Assistance Reimbursement of rental subsidies and GR grants for GR participants receiving a rental subsidy who are approved for SSI.
5. GR grant savings for GR participants who receive a rental subsidy and exit GR due to employment or SSI approval.

The new federal revenue that will be drawn down by NCC in the GR administration budget will come from the following federal funding streams:

County Services Block Grant (CSBG)-Skilled Professional Medical Personnel (SPMP) funds can be claimed at a rate of 75 percent federal reimbursement for certain services designed to help disabled GR participants qualify for SSI and Medi-Cal provided that such services must be rendered by licensed medical personnel who are County employees.

- CSBG-Health Related (HR) funds can be claimed at a rate of 50 percent federal reimbursement for certain services designed to help disabled GR participants qualify for SSI and Medi-Cal.
- Food Stamp Employment and Training funds can be claimed at a rate of 50 percent for the costs of the General Relief Opportunities for Work (GROW) Program and housing subsidies provided to employable GR participants.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

The Welfare and Institutions Code (W&I Code) Section 17000.5 requires counties to establish a level of aid equal to 62 percent of the 1991 federal official poverty line in the United States Code, and to adjust that guideline annually thereafter.

Section 17000.6 allows a county to establish a level of aid which is not less than 40 percent of the 1991 federal official poverty line in the United States Code if it would result in a significant financial distress for that county to provide a higher level of aid. Once established, the county may maintain this level of aid if the county requires employable individuals to participate while on aid, in services equivalent to the CalWORKs welfare-to-work program and these employable participants are allowed to receive benefits for at least nine months in any 12-month period.

Employable individuals must participate in these welfare-to-work services as a condition of eligibility for aid. Los Angeles County developed the GROW Program in compliance with this section of the W&I Code in February 1999.

Since the enactment of the Interim Assistance Program in August 1974, Public Law 93-368 has permitted States and counties to recover from a person's initial SSI check

any county or State funds expended for aid during the time the SSI application was pending.

This Board Letter has been reviewed by County Counsel.

IMPACT ON CURRENT SERVICES (OR PROJECTS)

Approval of this comprehensive plan will enhance programs to serve the County's indigent population through collaboration of the impacted County departments. Approval will also result in cost reductions related to emergency room visits, in-patient healthcare, and incarceration, resulting in savings to the County's Health and Human Service and Justice Systems.

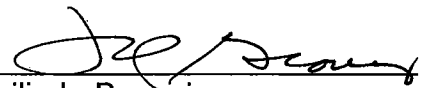
Finally, approval will result in an improved safety net for the County's indigent population, by creating improved access to services for homeless individuals.

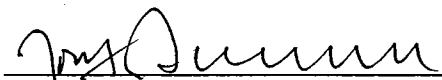
CONCLUSION

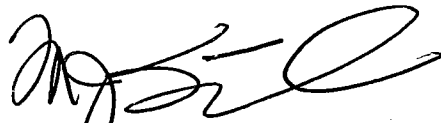
The approval of the implementation and evaluation plans for the 27 approved recommendations, the 15 new recommendations from Phase Two to restructure the GR Program, and the allocation of the remaining \$1 million of funding set aside for this purpose, will allow more GR participants to transition to the federal SSI Program, which includes Medi-Cal, thereby decreasing the number of participants receiving GR benefits and utilizing emergency room services without medical coverage, as well as enabling more participants to obtain stable employment, housing and medical attention.

Respectfully submitted,

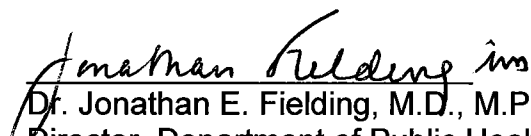

WILLIAM T FUJIOKA
Chief Executive Officer

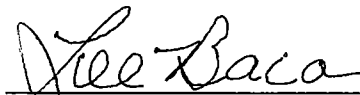

Philip L. Browning
Director, Department of Public Social Services



John F. Schunhoff, Ph.D
Interim Director, Department of Health Services



Marvin J. Southard, D.S.W.
Director, Department of Mental Health

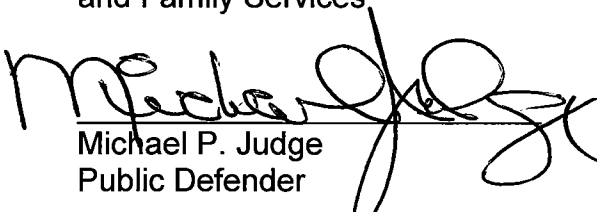

Robert Taylor
Chief Probation Officer


Dr. Jonathan E. Fielding, M.D., M.P.H.
Director, Department of Public Health


Leroy D. Baca, Sheriff
Los Angeles County Sheriff's
Department


Cynthia D. Banks
Director, Community and Senior
Services


Patricia Ploehn
Director, Department of Children
and Family Services


Michael P. Judge
Public Defender

Attachments

WTF:PLB:PA
JRL:LD:MQN

c: County Counsel
Executive Officer, Board of Supervisors
Auditor-Controller

GENERAL RELIEF RESTRUCTURE WORKGROUP APPROVED RECOMMENDATIONS IMPLEMENTATION CHART

ISSUE: ADULT LINKAGES PROJECT	
Recommended Action #1 Approved by the Board on 10/6/09	Subject to applicable confidentiality requirements, use the Adult Linkages Project mechanism to identify the County service history of individual GR applicants/participants, so that applicants/participants can be offered services that take into account the totality of their individual circumstances.
Implementation Plan	<ul style="list-style-type: none"> ▪ DPSS and the supporting organizations will work with CEO-SIB to develop protocols for the data match, including confidentiality protocols. ▪ Data match will be conducted on a quarterly basis, with the initial match to include the entire GR population, and subsequent matches to include newly-approved GR participants. A data match of the entire caseload will be done as appropriate to assess improvement in service utilization and reassess services needs. ▪ Data match will identify GR participants who are heavy users of other County Department services. ▪ Data match may be used to connect high users to other services. ▪ Mechanism will utilize a query system so that service utilization history for individual GR applicants/participants can be accessed in real time. ▪ For high users who are on GR, rental subsidies will be provided on a priority basis for GR participants pursuing approval of SSI.
Lead Organization	DPSS/CEO - Service Integration Branch
Support Organization(s)	County Departments participating in match: DCFS DPH LASD DHS DMH Probation Public Defender
Number of participants to be served each year	To Be Determined
Costs and Source of Funding	NCC 10/11: \$18,000 (DPSS on-going allocable cost) Total annual ongoing cost: \$200,000 CEO-SIB is pursuing IT funding of \$600,000 to cover the one-time cost of \$600,000.
Reimbursements Expected	N/A
Number of Staff needed by the Departments	None – use existing staff.

Target Implementation Date	July 2010
Expected Outcomes	Increased employments and SSI approvals for high-users of other County services due to targeted services for those individuals. Reduction in expenditures for those individuals across County departments. <input checked="" type="checkbox"/> Helps Indigent Adults <input checked="" type="checkbox"/> Controls County Costs
How data will be tracked	Data will be tracked via a database by CEO-SIB and internal reports by DPSS and CEO-SIB.

ISSUE: ADULT LINKAGES PROJECT	
Recommended Action #2 Approved by the Board on 10/6/09	The County should develop an innovative service integration model that can support County departments, other governmental entities, and community partners in concurrently serving a shared clientele.
Implementation Plan	<ul style="list-style-type: none"> • CEO-SIB will have a service integration coordination role. • Pilot to serve GR participants who are high-users of County services identified through ALP data, as part of a broader County pilot. • Identify and target service delivery to GR participants that will benefit the most from integrated services. • Convene committee of the Departments that will contribute to the Multi-Disciplinary Team (MDT) and determine services to be offered. • Determine governing Department. • Create rules of responsiveness. • Determine area of responsibility for each Department. • Determine geographic area of responsibility. • Establish confidentiality parameters.
Lead Organization	Chief Executive Office
Support Organization(s)	DPSS DMH DHS DPH Probation DCFS
Number of participants to be served each year	To Be Determined
Costs and Source of Funding	No NCC. Other potential funding streams to be determined.
Reimbursements Expected	To be determined by the make-up of the MDT.
Number of Staff needed by the Departments	None, use existing staff.
Target Implementation Date	October 2010
Expected Outcomes	Better outcomes and reduced costs. <input checked="" type="checkbox"/> Helps Indigent Adults <input checked="" type="checkbox"/> Controls County Costs
How data will be tracked	Establish a reporting system to be used by the MDT.

ISSUE: ADULT LINKAGES PROJECT	
<p>Recommended Action #3 Approved by the Board on 10/6/09</p>	<p>Increase integration of services between the Sheriff's Department and DPSS by:</p> <ul style="list-style-type: none"> A. Developing a plan to enhance the current County jail match to identify individuals who are incarcerated and have a linkage to GR benefits, to provide pre- and post-release services and SSI Advocacy that will assist with their re-entry into society. B. Assessing the DPSS/Sheriff's Homeless Release Project to determine its effectiveness. C. Implementing a review protocol to determine whether any outstanding warrants remaining on the GR/SSI applicant's record should be cleared, recalled or withdrawn. D. Ensuring that probation, parole, and other warrants that should have been satisfied by a GR/SSI applicant's stay in jail have been withdrawn or recalled. E. Appointing a liaison for individuals with outstanding warrants whom advocates and county employees can contact directly to: (1) inquire about the underlying reason and validity of a warrant and (2) assist the SSI advocate in "clearing up" the warrant. F. Referring disabled individuals exiting jail who apply for GR to a SSI advocate/liaison, in order to re-establish SSI benefits and work with agencies (i.e., probation, parole, public defender, courts, etc.) to recall existing warrants. G. Referring disabled individuals exiting jail who do not have SSI benefits to GR SSIMAP for benefits establishment.
<p>Implementation Plan</p>	<ul style="list-style-type: none"> ▪ DPSS, in conjunction with LASD and CEO-SIB, will develop a plan to enhance the current jail match to identify individuals who are incarcerated and link them to DPSS services upon release. ▪ DPSS and LASD will identify pre- and post-release services that will be available for inmates with a prior DPSS connection. ▪ DPSS and LASD will assess the effectiveness of the current DPSS/LASD Homeless Release Project to identify possible modifications and enhancements to the project. ▪ DPSS will refer inmates to Public Defender/APD for all outstanding warrants immediately upon DPSS' knowledge of incarceration. ▪ LASD will institute an automatic check to ensure all warrants are cleared, withdrawn or cancelled prior to release. ▪ LASD will appoint a liaison to interface with DPSS and community advocates to assist with SSI advocacy services for GR participants pursuing SSI. ▪ DPSS/LASD staff will screen inmates prior to release for potential eligibility to GR and SSI. If potentially eligible for GR, inmates will be referred to DPSS to apply for GR and assistance with the SSI application process and the re-

	establishment of SSI benefits.
Lead Organization	DPSS/LASD
Support Organization(s)	Public Defender
Number of participants to be served each year	To Be Determined
Costs and Source of Funding	\$78,868 - NCC
Reimbursements Expected	IAR for the GR grants paid pending (re)approval of SSI,
Number of Staff needed by the Departments	One LASD liaison position funded by DPSS
Target Implementation Date	July 2010
Expected Outcomes	<p>Increased SSI approvals for GR participants who have been incarcerated in County jail.</p> <p>[X] Helps Indigent Adults [X] Controls County Costs</p>
How data will be tracked	Data will be tracked by both DPSS and LASD through monthly reports.

ISSUE: ADULT LINKAGES PROJECT	
Recommended Action #4 Approved by the Board on 10/6/09	Encourage police agencies to make social services referrals for the homeless and connect them with resources, rather than issuing citations.
Implementation Plan	<ul style="list-style-type: none"> ▪ DPSS will initiate conversations with LAPD and LASD regarding Board of Supervisors directive. ▪ Expand to other police agencies as the process is refined. ▪ DPSS will work with the police agencies to create a simple informational document in multiple languages to distribute to the homeless and connect them to services.
Lead Organization	DPSS/LASD
Support Organization(s)	LAPD, DCFS, DCSS, Community Advocates
Number of participants to be served each year	Unknown
Costs and Source of Funding	No cost
Reimbursements Expected	None
Number of Staff needed by the Departments	None
Target Implementation Date	August 2010
Expected Outcomes	<p>Decreased incarceration of indigent adults. Indigent adults stay connected to services, and barriers to employment or SSI eligibility are decreased by avoiding police warrants and vagrancy criminal records.</p> <p>[X] Helps Indigent Adults [X] Controls County Costs</p>
How data will be tracked	This recommendation does not generate data.

ISSUE: HOUSING AND HOMELESSNESS	
Recommended Action #5 Approved by the Board on 10/6/09	<p>Enhance Subsidized Housing by:</p> <ul style="list-style-type: none"> A. Increasing the total number of housing subsidies to 10,000 by December 2014. B. Increasing the number of housing subsidies for homeless disabled GR participants pursuing, or willing to pursue, SSI and/or veterans benefits, so that 100% of homeless disabled GR participants pursuing SSI and/or veterans benefits are offered a housing subsidy within 5 years. C. Increasing the number of housing subsidies for homeless, employable GR participants. D. As in the current GR Housing and Case Management Project: <ul style="list-style-type: none"> a. Subsidized housing itself should not be time-limited, allowing people to stay as permanent residents, after they start receiving outside income and can pay for their housing. b. The housing subsidy should be encouraged, but not required. E. Increasing the GR rental subsidy amount from \$300 to \$400 and reduce the participant's contribution from the grant from \$136 to \$100, so the total amount available for rent will be \$500. F. Pursuing federal reimbursements for housing subsidy payments made to employable GR participants through the Food Stamp and Employment Training (FSET) fund at a rate of 50%; and pursuing reimbursement for housing subsidy payment made to GR participants who are approved for SSI through the Interim Assistance Reimbursement Program, at a rate of 100%. G. Reinvesting the money recouped from SSI (Interim Assistance Reimbursement for housing subsidies) in additional housing subsidies. H. Recruiting participants for the Housing Subsidy and Case Management Program during the GR intake process and making additional efforts throughout the course of case management to encourage participants to remain in the Housing Subsidy and Case Management Program and identify causes of participants dropping out of the subsidy.
Implementation Plan	<ul style="list-style-type: none"> • DPSS will develop project guidelines and documents. • Housing subsidies will be divided evenly between the homeless employable and disabled (pursuing SSI/Veterans Benefits) populations. • Priority for rental subsidies for employable participants will be based on history of employment within past 12 months. Twenty percent of these subsidies will be earmarked for transition age youth (18-24) who have received a high school diploma or

equivalent, regardless of their employment history.

- Priority for rental subsidies for disabled participants pursuing SSI/Veterans benefits will be for heavy service users of other County Department services identified through the ALP mechanism. Among the heavy service users of other County departments, 20% of the subsidies will be earmarked for transition age youth. Heavy service user is defined as follows:
 - A GR participant who makes extensive use of the following DHS Services:
 1. Two or more admissions for Inpatient Hospitalization and/or Emergency-based (ED) services within the last 12 months.
 - A GR participant who makes extensive use of the following DMH Services:
 1. Has had four or more visits to the Emergency Room or four or more visits for Outpatient Services within the last 12 months, or
 2. Has had three or more Urgent Care, etc., visits within the last 12 months, or
 3. Has recently been discharged from a psychiatric unit.
 - A GR participant who had either two or more jail stays or who accrued over 60 days of jail time within the last 12 months and has used medical or mental health services while incarcerated
- DPSS will connect homeless veterans to housing vouchers funded by the United States Veterans Administration, and will only provide GR rental subsidies to veterans who are unable to secure a federally-funded voucher.
- When a GR participant secures employment that pays over \$621/month or is approved for SSI, the participant's GR grant and housing subsidy are both automatically terminated.
- The distribution of the available subsidies for FY 09-10 will be divided equally among the following GR District Offices that are currently part of the GR Rental Subsidy Project: South Special #07, Southwest Special #08, Civic Center #14, Rancho Park #60, Lancaster #67, and Metro Special #70.

As savings/reimbursements are generated by participants receiving a subsidy who exit GR due to SSI or employment and reinvested into the program through the GR Anti-Homelessness Services account, additional subsidies will become available and the project will be expanded to the remaining eight GR Districts.

	<p><u>Housing Case Managers</u></p> <ul style="list-style-type: none"> Housing Case Managers will be used to administer the additional subsidies through FY 10-11. Beginning in FY 11/12, SSI Advocacy staff (Social Workers) and GROW Services Worker may administer the Project as part of their ongoing duties in the GR SSI and Medi-Cal Advocacy Program and the GROW Program. Through FY 10-11, GR Housing Case Managers will continue to have a caseload of 75 cases. DPSS will assess and expand the role of the Housing Case Managers to include referrals for Veterans advocacy, including housing services. <p><u>Exploration of Housing Options</u></p> <ul style="list-style-type: none"> Extend current contract with Weingart Center Association for Housing Locator Services; Work with CDC/HUD in identifying the availability of Section 8 vouchers and other low-cost housing opportunities; Explore utilizing Board and Care facilities as a housing option; and Explore master leasing (See approved recommendation #6).
Lead Organization	DPSS
Support Organization(s)	LAHSA – Low cost housing-opportunities CDC – HUD Veterans Affairs Supportive Housing (VASH) Vouchers HUD - Low cost housing-opportunities Shelter Partnership Weingart Center Association – Housing Locator Consultant Services
Number of participants to be served/moved into housing each year	<p><u>FY 2009/2010</u> 900 Existing Subsidies <u>640 New Subsidies</u> 1,540 Housing Subsidies</p> <p><u>FY 2010/2011</u> 900 Existing Subsidies <u>640 New Subsidies</u> 1,540 Housing Subsidies</p> <p>Plus additional subsidies funded from the GR Anti-Homelessness Services Account (approved recommendation #27)</p>
Costs and Source of Funding	<p><u>FY 2009-10</u> \$4,052,000 Existing Budgeted NCC (Cost is based on a full-year allocation). \$1,313,757 New NCC \$ 597,162 New Federal Revenue \$5,962,919 Total Funding</p> <p>NCC and Federal Revenue are based on subsidies implemented</p>

	<p>January 2010 through June 2010. Effective January 2010, DPSS will also start drawing down federal FSET revenue for rental subsidies for employable participants funded with the existing \$4.2 million annual budget for the GR rental subsidy program.</p> <p><u>FY 2010-11</u> \$4,052,000 Existing Budgeted NCC \$2,627,515 New NCC <u>\$1,194,324</u> New Federal Revenue \$7,873,839 Total Funding</p>
Reimbursements Expected	<p>Costs will be directly offset by Interim Assistance Reimbursement of full cost of rental subsidies for participants approved for SSI and 50% federal reimbursement of rental subsidies through Food Stamp Employment and Training (FSET) funding for employable GR participants.</p>
Number of Staff needed by the Departments	<p>DPSS: 9 GAIN Service Workers (GSWs); 1 GAIN Services Supervisor (GSS); and 1 Program Assistant (PA) to oversee the program through June 2011. Additional GSWs and GSS will be needed commencing FY 2011-12, proportionate to the ongoing expansion in the number of rental subsidies. Based on the current service delivery design of 75 cases per Case Manager, a total of 121 additional GSWs would be needed to administer 10,000 rental subsidies as of December 2014. However, it is possible that the service delivery model will be modified following FY 2010-11.</p>
Target Implementation Date	<p>January 2010</p>
Expected Outcomes	<p>Reduced homelessness, increased number of subsidies available to GR participants, increased pool of available housing, diminished overcrowding in housing, increased SSI approvals, reduced NCC and future costs across the County.</p> <p>[X] Helps Indigent Adults: [X] Controls County's Costs</p>
How data will be tracked	<p>DPSS will develop a program to track the data.</p>

ISSUE: HOUSING AND HOMELESSNESS	
Recommended Action #6 Approved by the Board on 10/6/09	Implement a pilot project (subject to a cost benefit analysis) by master leasing and/or purchasing foreclosed apartment buildings and/or multi-family housing units and/or dorm-like housing to be provided for the indigent homeless population. This housing should be owned and/or operated by a non-profit housing developer and/or homeless service provider with expertise in managing housing with services.
Implementation Plan	<p>DPSS to meet with CEO, County Counsel, CDC/Housing Authority, and HUD to:</p> <ul style="list-style-type: none"> ▪ Conduct a cost benefit analysis to determine the feasibility of master leasing; ▪ If feasible, determine the criteria to be used to select the property; ▪ Identify foreclosed apartment buildings, hotels, and motels; ▪ Identify the legal ramifications related to Master Leasing; ▪ Determine potential adverse effects on the Board and Care facilities for converting use for this purpose; and ▪ Identify possible sources of funding, including use of rental subsidies.
Lead Organization	CEO and DPSS
Support Organization(s)	County Counsel CDC/Housing Authority HUD
Number of participants to be served/moved into housing each year	To Be Determined
Costs and Source of Funding	Non-NCC funding to be identified, except to the extent that GR rental subsidies and/or GR Board and Care payments are used.
Reimbursements Expected	
Number of Staff needed by the Departments	One Program Assistant for DPSS
Target Implementation Date	January 2011
Expected Outcomes	<p>Increased housing opportunities and facilitated linkage to supportive services.</p> <p>[X] Helps Indigent Adults</p> <p>[X] Controls County's Costs</p>
How data will be tracked	CEO and DPSS to track data.

ISSUE: HOUSING AND HOMELESSNESS	
Recommended Action #7 Approved by the Board on 10/6/09	Address supportive housing needs by: A. Exploring housing options for mentally ill participants through City and County Housing Authorities and other smaller Housing Authorities throughout LA County. B. Identifying and leveraging County funding for housing resources and related services that already receive county funding or support.
Implementation Plan	<ul style="list-style-type: none"> ▪ DPSS will work with DMH and City and County Housing Authorities to identify housing options and related services for mentally ill GR participants. ▪ DPSS, in collaboration with DMH, will review the Project 50 model to determine if elements could be used to provide supportive services to mentally ill GR participants. ▪ DPSS/DMH to identify potential funding sources, including Proposition 63 funds.
Lead Organization	DPSS/DMH
Support Organization(s)	LAHSA Skid Row Housing Trust CEO CDC/Housing Authority Sheriff Department LAFLA Weingart Center Association
Number of participants to be served/moved into housing each year	To Be Determined
Costs and Source of Funding	No NCC
Reimbursements Expected	Not Applicable
Number of Staff needed by the Departments	Not Applicable
Target Implementation Date	December 2010
Expected Outcomes	Decreased homelessness and enhanced participation in work activities. Expedited movement back into the workforce or to SSI. [X] Helps Indigent Adults [X] Controls County's Costs
How data will be tracked	

ISSUE: SSI ADVOCACY	
Recommended Action #8 Approved by the Board on 10/6/09	<p>Subject to detailed operational and fiscal planning during Phase Two of the GR Restructuring process, eliminate the current cursory employability/NSA screening and replace it with a more extensive medical/mental health disability assessment performed by (1) DMH, (2) DHS or possibly DPH, and/or (3) DHS Public Private Partners (PPPs). For permanently disabled participants in need of additional documentation to support their SSI applications, a comprehensive medical/mental health evaluation would be performed. The extensive assessments and the comprehensive medical and mental health evaluations and write-ups will be funded with 50 - 75% new federal revenue.</p>
Implementation Plan	<p>Work with DMH, and DHS, on the following:</p> <ul style="list-style-type: none"> • Engage DHS' Public Private Partners (PPPs) to conduct the disability assessments and comprehensive evaluations for physically-disabled GR participants. • Assessments and evaluations can be completed in a more cost-effective manner by the PPPs than by DHS. • Services provided by the PPPs would be aligned with ongoing healthcare for indigent adults. • DHS will negotiate an agreement with the PPPs to conduct disability assessments and comprehensive evaluations. • DMH staff housed in DPSS GR offices will provide disability assessments and comprehensive evaluations for mentally-disabled GR participants. • Some or all of the non-licensed staff currently performing Needs Special Assistance (NSA) screenings for GR participants will be replaced by licensed mental health staff, and additional licensed mental health staff will be provided by DMH for these assessments and evaluations. The additional staff costs will be covered with new federal revenue that will be drawn down through DPSS. • DMH staff collocated in DPSS GR offices are ideal to perform the disability assessments and comprehensive evaluations as a more seamless service delivery system. Additionally, DMH contractors do not typically serve indigent adults without insurance. • Develop assessment and evaluation tools for DMH and PPPs to use. • Develop the MOU between DPSS, DMH and DHS, which will include performance standards and a Quality Control plan. • Develop the Release of Information form which will be used by all Departments/PPPs. • Explore the geographic coverage range of the PPPs that will conduct the health assessments and evaluations to ensure services are accessible for GR participants in all geographic areas.

	<ul style="list-style-type: none"> • Develop referral guidelines for staff to utilize when referring GR participants for assessments or evaluations. • Develop staff guidelines for the processing of the completed assessments and evaluations. • Inform evaluating doctors about the disability listings, so that they can better address each aspect of the disability definition in their evaluations (any contractor engaged to perform evaluations and reports should be well-trained on disability listing of impairments and residual functional capacity). • DMH to designate appropriate level of staff to perform disability assessments utilizing the current allocated funding for this purpose, plus equal amount of new federal funding which will be drawn down through CSBG-HR. The current NCC for DMH Screening Services is \$1.3 million. 	
Lead Organization	DPSS	
Support Organization(s)	DHS, DMH	
Number of participants to be served each year	46,000 Assessments <u>2,000</u> Evaluations 48,000 Total (December 2010 – June 2011)	
Number of participants to be moved from GR to SSI per year:	7,400 total SSI approvals after all SSI Advocacy enhancements are implemented.	
Costs and Source of Funding	Assessments FY 2010/2011 <u>(December 2010 – June 2011)</u> \$2,860,000 – Current NCC <u>\$2,860,000</u> – Federal Revenue \$5,720,000 – Total Funding	Evaluations FY 2010/2011 <u>(December 2010 – June 2011)</u> \$ 500,000 - NCC <u>\$ 800,000</u> – Federal Revenue \$1,300,000 – Total Funding
Reimbursements Expected	\$3,660,000 in new Federal revenue from CSBG-HR and CSBG-SPMP	
Number of Staff needed by the Departments	Additional Psychiatric Social Worker IIs for DMH - number to be determined.	
Target Implementation Date	December 2010	
Expected Outcomes	Better evaluations of GR participants' capabilities and identification of those who are employable or potentially eligible to SSI. Reduction in participants categorized as temporarily unemployable. Enhanced documentation of disability for participants pursuing SSI. [X] Helps Indigent Adults [X] Controls County's Costs	
How data will be tracked	DPSS will track via the LEADER system and manual reporting	

ISSUE: SSI ADVOCACY	
Recommended Action #9 Approved by the Board on 10/6/09	DHS, DMH, and LASD to retrieve medical and mental health records on behalf of GR participants to support their disability claim for SSI. Most of the costs will be funded with 50% new federal revenue.
Implementation Plan	<ul style="list-style-type: none"> ▪ DPSS will work with DHS, DMH and LASD to facilitate the acquisition of medical and mental health records which are vital to SSI Advocacy efforts to determine eligibility of GR participants. ▪ DPSS will work with CEO-SIB to conduct a match of the GR SSIMAP database to the other participating departments' databases to identify GR participants with a service history in each of the other departments, so that the other departments could seek to retrieve their medical documents. ▪ DPSS will identify participants from the current and future SSIMAP pool of participants who are in need of this service. Participants will authorize release of information by signing an "Authorization for Use and Disclosure of Protected Health Information." This form will be developed in consultation with the CEO, DMH, and DHS staff. ▪ All participating departments will use the same form, "Authorization for Use and Disclosure of Protected Health Information." ▪ DPSS will release instructions/procedures to its staff via an Administrative Directive (AD). This AD will also include protocols for interaction among DPSS, DHS, DMH, and LASD staff. ▪ Each department will release its respective internal instructions/procedures separately to its staff for the duties/responsibilities within their department. ▪ DHS, DMH and LASD will transmit the medical and mental health records to DPSS. ▪ Each department will gather medical and mental health records from its facilities and deliver them to DPSS as one package, within two weeks from the original request. ▪ DPSS will maintain a database to track each step of the SSI advocacy process, from the medical and mental health records request to the final stage of the SSI Advocacy efforts. DHS, DMH, and LASD will maintain internal records. ▪ Departments will retrieve medical and mental health records needed to substantiate disability claims for SSI benefits that support the GR participant's disability reported on his/her SSI application. ▪ Departments will identify staff to retrieve the requested medical and mental health records. ▪ Completed medical and mental health records will be forwarded to SSA with the corresponding SSI application.
Lead Organization	DPSS

Support Organization(s)	DHS, DMH and LASD		
Number of participants to be served each year	A total of 6,240 medical records will be retrieved per fiscal year.		
Number of participants to be moved from GR to SSI per year:	7,400 total SSI approvals after all SSI Advocacy enhancements are implemented.		
Costs and Source of Funding	<u>FY 2009-10</u> \$285,447 - NCC <u>\$201,236</u> - New Federal Revenue \$486,683 – Total Funding (April 2010 through June 2010). <u>FY 2010-11</u> \$ 1,033,677 - NCC <u>\$ 804,911</u> - New Federal Revenue \$ 1,838,588 - Total Funding		
Reimbursements Expected	County Services Block Grant (CSBG) – Health Related 50% federal reimbursement.		
Number of Staff needed by the Departments	<u>Dept.</u>	<u>Registered Nurses</u>	<u>Clerks</u>
	DHS	7	3
	DMH	2	1
	LASD	1	1
	No additional budgeted items in FY 09/10. Any needed additional items will be included in the FY 10/11 proposed budget.		
Target Implementation Date	April 2010		
Expected Outcomes	Better documentation of health and mental health disabilities increasing SSI approvals and reducing length of time on GR. [X] Helps Indigent Adults [X] Controls County Costs		
How data will be tracked	DPSS will track data.		

ISSUE: SSI ADVOCACY	
Recommended Action #10 Approved by the Board on 10/6/09	Maximize the claiming of retroactive Medi-Cal for GR participants who qualify for SSI and Medi-Cal.
Implementation Plan	<ul style="list-style-type: none"> • Work with DMH and DHS to develop procedures to ensure the claiming of retroactive Medi-Cal for services rendered to GR participants who are applying for SSI. • DPSS to develop a system to identify GR participants who have been approved for SSI and transmit this information to DHS/DMH. • DPSS will maintain a database to track GR participants approved for SSI. • DPSS, DHS and DMH will maintain internal records. • DHS/DMH will provide DPSS reports indicating the amount of the retro-Medi-Cal collected per GR participant.
Lead Organization	DHS and DMH
Support Organization(s)	DPSS
Number of participants to be served each year	Estimated target of 2,500 based on the number of SSI approvals reported on a yearly basis.
Number of participants to be moved from GR to SSI per year:	To be determined
Costs and Source of Funding	No cost
Reimbursements Expected	State/federal reimbursement for treatment within the 90 days before filing of SSI application and entire time SSI application is pending.
Number of Staff needed by the Departments	None
Target Implementation Date	July 2010
Expected Outcomes	Additional revenue for DHS and DMH. <input type="checkbox"/> Helps Indigent Adults <input checked="" type="checkbox"/> Controls County's Costs
How data will be tracked	

ISSUE: SSI ADVOCACY	
Recommended Action #11 Approved by the Board on 10/6/09	Integrate the Public Defender (PD) into SSI Advocacy where GR participants are already clients of the Public Defender and advocacy can be combined with clients' representation in court.
Implementation Plan	<ul style="list-style-type: none"> ▪ DPSS and PD will pilot SSI Advocacy services for GR participants identified by the Public Defender's office. ▪ PD shall pre-screen GR participants for potential SSI eligibility. ▪ DPSS will develop a screening tool for eligibility to GR and SSI. ▪ DPSS will collocate SSI Advocacy staff at a designated PD site to provide SSI Advocacy services to GR participants. ▪ PD staff will determine where medical documents exist and request the records be retrieved and forwarded to PD. ▪ DPSS to provide training to PD staff on Martinez v. Astrue, which changed policy effective April 1, 2009 so that the Social Security Administration will no longer deny or stop benefits because of an outstanding warrant in most cases.
Lead Organization	Public Defender, DPSS
Support Organization(s)	None
Number of participants to be served each year	Unknown
Number of participants to be moved from GR to SSI per year:	7,400 total SSI approvals after all SSI Advocacy enhancements are implemented.
Costs and Source of Funding	\$ 51,747 – NCC \$ 51,746 – New Federal Revenue \$103,493 – Total Funding
Reimbursements Expected	CSBG -- HR for 50% of the PD staff cost for SSI advocacy
Number of Staff needed by the Departments	1 PD staff person
Target Implementation Date	July 2010
Expected Outcomes	Increased SSI approvals <input checked="" type="checkbox"/> Helps Indigent Adults <input checked="" type="checkbox"/> Controls County's Costs
How data will be tracked	Data will be tracked by the Public Defender's Office.

ISSUE: EMPLOYMENT/EMPLOYABILITY	
<p>Recommended Action #12 Approved by the Board on 10/6/09</p>	<p>Modify the GROW Program to:</p> <ul style="list-style-type: none"> A. Customize services to individuals who are classified as: <ul style="list-style-type: none"> 1. Transitional Age Youth (TAY); 2. Veterans; and 3. Participants exiting Mandatory Substance Abuse Program (MSARP). B. Create a new voluntary category of GR participants who will be classified as employable with accommodations and will be referred to a new GROW component designed to provide employment services for individuals who can work with accommodations. Volunteers would not be subject to sanctions. C. Enhance services for Needs Special Assistance (NSA) participants by providing them voluntary employment preparation services and mental health treatment through the GROW Program. Volunteers would not be subject to sanctions. D. Establish collaboration between DPSS, DCFS, and Probation to provide enhanced services to GROW participants ages 18-24 who come out of foster care and probation. E. Develop a comprehensive and ongoing evaluation plan of GROW to track outcomes for GR participants, including, but not limited to, education and training outcomes, length of employment obtained through GROW, and recidivism.
<p>Implementation Plan</p>	<p>To customize GROW services for Transitional Age Youth (TAY), DPSS will do the following:</p> <ul style="list-style-type: none"> ▪ Develop a pilot project at selected GROW sites. ▪ Provide specialized job club services for this group that will emphasize the importance of continuing education outside GROW activities to reach financial independence. ▪ Provide mentoring/counseling services as part of the specialized job club for this group. ▪ Explore employment programs that provide flexibility so youth can stay in school: Work Study, etc. ▪ Create support services consisting of referrals to GED as part of GROW activities; referrals to College programs outside GROW activities. ▪ Develop a screening tool to identify those youth with barriers to employment and those who are job ready. ▪ Develop collaboration with DCFS for added support for youth coming out of foster care. ▪ Develop collaboration with Probation to establish a referral system linking probation youth not yet on GR to benefits to which this group might be entitled.

To customize GROW services for veterans, DPSS will do the following:

- Develop a pilot project at selected GROW sites.
- Determine job opportunities geared toward this group.
- Provide workshops to inform Veterans of services available to them.
- Develop informational material to increase awareness of services/benefits specific to Veterans.
- Develop collaboration with the Veterans Administration to establish a referral system to benefits to which this group might be entitled.

To customize GROW services for participants exiting MSARP:

- Develop a pilot project at selected GROW sites.
- Develop job leads with employers willing to give them opportunities.
- Continuation of support through non-mandatory Substance Abuse Treatment that could help reinforce/strengthen the mandatory treatment.
- Referrals to any support services that might be able to assist this group.

To create a new voluntary category of Employable with Accommodations in GROW, DPSS will:

- Provide GROW services to voluntary participants with physical limitations who may require accommodations.
- Develop a pilot project at selected GROW sites to expand services for this group as listed below.
- Explore development of customized services that address availability of special accommodations, and assist people with physical disabilities perform jobs successfully.
- Explore development of partnerships with the Department of Rehabilitation and any other agencies that might be willing to offer job opportunities to this group.
- Keep participants engaged by offering customized services that provide motivation and assist with personal career development. Hopefully they will also be motivated by the idea of earning a monthly salary that is larger than their GR grant.

DPSS will offer voluntary employment preparation services and mental health treatment to NSA participants who volunteer for GROW by:

- Through the current MOU between DPSS and DMH for Mental Health services for GROW participants, refer NSA participants for a clinical assessment upon enrollment in GROW. Based on clinical assessments' outcomes, participants will be referred to mental health treatment.
- Pilot at selected GROW site(s) to provide specialized job services to assist NSA participants transition to labor force when/if they are able to work with accommodations.

	<ul style="list-style-type: none"> ▪ Explore development of partnerships with prospective employers willing to offer job opportunities to this group. ▪ Through the GROW Program Support contract with LACOE, provide training to DPSS Job Developers for recruitment of prospective employers willing to provide job opportunities to NSA participants. ▪ Agencies to be involved: DMH, County Counsel to provide legal advice on possibility of legal implications and liability issues, LACOE. <p>DPSS will collaborate with DCFS and Probation to provide enhanced services to youth (18-24) coming out of foster care by:</p> <ul style="list-style-type: none"> ▪ Through a pilot project at selected GROW sites, develop collaboration with DCFS and Probation to obtain information before participants are released from these agencies and determine which services can be provided at least one month prior to their release dates. ▪ Explore possibility of development of a universal waiver that allows exchange of communication between Departments to better serve our common population. ▪ Develop a survey to collect basic information from this group to determine who is likely to apply for GR, who is job-ready, and who might need additional support to become job-ready. ▪ Development of early intervention will ensure efficient, timely referrals to expedite services for this population. ▪ From November 2009 through March 2010, refer job-ready youth to the Community Services Block Grant (CSBG) American Recovery and Reinvestment Act (ARRA) Youth Subsidized Employment project for subsidized employment.
Lead Organization	DPSS
Support Organization(s)	DMH California Department of Rehabilitation DHS LACOE DCFS Probation EDD
Number of participants to be served each year	<p>TAY participants (including those coming out of DCFS or Probation), are already part of the GROW caseloads. DPSS will explore the possibility of offering all voluntary NSA participants and Employable with Accommodations participants some level of GROW services.</p> <p>However, the numbers below refer to the potential number of individuals who would participate in a pilot project that expands and enhances services as indicated above.</p> <p>A (TAY, Veterans, Mandatory Substance Abuse): 1,200</p>

	<p>B (Employable with Accommodations): 100</p> <p>C (NSA): 100</p> <p>D (Foster Care, Probation) : 180</p> <p style="text-align: right;">TOTAL GROW PARTICIPANTS 1,580</p> <p>E (N/A – Refers to evaluation plan on all GROW components)</p>
Number of GR participants to be moved into jobs	30% = 475 from the 1,580 referenced above.
Costs and Source of Funding	<p>FY 2010/11</p> <p>\$ 750,000 New NCC</p> <p>\$ 750,000 New federal revenue</p> <p>\$1,500,000 Total Funding for all modifications</p> <p>\$1,500,000 will be utilized to cover expenses for pilot projects at selected GROW offices (one or two) to be designated.</p>
Reimbursements Expected	50% of GROW Program costs to be charged to FSET for individuals receiving food stamp benefits.
Number of Staff needed by the Departments	Effective July 2010, DPSS will need additional staff consisting of 13 GSWs and 2 GSSs for GROW Case Management and a Program Assistant.
Target Implementation Date	November 2010
Expected Outcomes	<p>Increased employments and services to Transitional Age Youth (age 18-24) and the development of program efficiencies.</p> <p>[X] Helps Indigent Adults</p> <p>[X] Controls County's Costs</p>
How data will be tracked	Enrollment and participation of GROW recipients in the various sub-groups (TAY, Veterans, MSARP, NSA participants, and former foster care youth) and other participants enrolled in enhanced/customized GROW services will be tracked by DPSS' MAPPER system.

ISSUE: EMPLOYMENT/EMPLOYABILITY	
Recommended Action #13 Approved by the Board on 10/6/09	Establish collaboration between DPSS and the Probation Department to reduce the number of Emerging Adults (age 18-24) applying for GR benefits.
Implementation Plan	<ul style="list-style-type: none"> ▪ In collaboration with Probation Department, establish a mechanism for Probation to refer youth to the existing ARRA-funded GROW project for job-ready emerging young adults (18-24) by which they can be referred directly to subsidized employment through the SBWIB TSE plan, immediately after enrolling in GROW. This project will end on September 30, 2010, with referrals accepted until March 31, 2010. ▪ After expiration of the SBWIB TSE project cited above, these participants will be referred to the WorkSource Centers under contract with CSS and any other entities that can provide referrals for employment.
Lead Organization	DPSS, Probation Dept.
Support Organization(s)	CSS, DCFS, SBWIB, WorkSource Centers, CMD
Number of participants to be served each year	100
Number of GR participants to be moved into jobs	25% = 25
Costs and Source of Funding	No cost
Reimbursements Expected	N/A
Number of Staff needed by the Departments	No additional staff needed.
Target Implementation Date	January 2010
Expected Outcomes	<p>Reduction in Emerging Adults (age 18-24) on probation who apply for GR benefits</p> <p>[X] Helps Indigent Adults</p> <p>[X] Controls County's Costs</p>
How data will be tracked	SBWIB will provide reports on job placements and employment information (number of hours, pay rate, duration, retention).

ISSUE: EMPLOYMENT/EMPLOYABILITY	
Recommended Action #14 Approved by the Board on 10/6/09	Pursue federal reimbursement through FSET, at a rate of 50%, for mental health, domestic violence, and, to the extent possible, substance abuse services provided to GROW participants.
Implementation Plan	DPSS Food Stamp Program Section is working on this project. The FSET plan for FFY 2010 incorporates this proposal. If approved by the State, reimbursement will be available from FSET, at 50% rate, when it is determined that the expenses resulting from services in the areas listed above, are needed to prepare participants for employment.
Lead Organization	DPSS
Support Organization(s)	None
Number of participants to be served each year	500
Number of GR participants to be moved into jobs	25% of 500 = 125
Costs and Source of Funding	No cost
Reimbursements Expected	Increased revenue
Number of Staff needed by the Departments	No additional staff needed
Target Implementation Date	October 2009 (State approval pending. If approved, reimbursement will be retroactive to this date).
Expected Outcomes	Reduces NCC for these services. [X] Helps Indigent Adults [X] Controls County's Costs
How data will be tracked	DPSS' MAPPER system and DPSS - Financial Management Division track these expenses.

ISSUE: EMPLOYMENT/EMPLOYABILITY	
Recommended Action #15 Approved by the Board on 10/6/09	Establish collaboration with CSS, LA City and all other Workforce Investment Boards to provide job services and employment opportunities through the WorkSource Centers, geared toward both youth and adult GROW participants.
Implementation Plan	<p>CSS has provided a liaison (Irene Pelayo) who is working closely with the WorkSource Centers under contract with CSS, and with GROW Program (DPSS) to enhance the referral process and outcomes of GROW participants referred to the WorkSource Centers for employment opportunities.</p> <p>Through collaboration with LAFLA, and the DPSS member of the LA City WIB, we will explore feasibility of similar partnership with LA City WIB during FY 10 – 11.</p>
Lead Organization	DPSS
Support Organization(s)	CSS, LA City, Other WIBs
Number of participants to be served each year	500 per year
Number of GR participants to be moved into jobs	25% of 500 = 125
Costs and Source of Funding	No cost
Reimbursements Expected	N/A
Number of Staff needed by the Departments	No additional staff needed
Target Implementation Date	March 2010
Expected Outcomes	<p>Increased employments</p> <p>[X] Helps Indigent Adults</p> <p>[X] Controls County's Costs</p>
How data will be tracked	DPSS' MAPPER system needs enhancements to the system to track enrollments and outcomes.

ISSUE: EMPLOYMENT/EMPLOYABILITY	
Recommended Action #16 Approved by the Board on 10/6/09	Expand GROW to include GED preparation
Implementation Plan	<ul style="list-style-type: none"> ▪ Create a list of schools that offer GED, from the current education inventory, to facilitate referral process. Add schools when appropriate. ▪ Promote the current GED component in GROW to increase utilization by GROW Case Managers as a means of job preparation for GROW participants.
Lead Organization	DPSS
Support Organization(s)	Education entities.
Number of participants to be served each year	300
Number of GR participants to be moved into jobs	25% of 300 = 75
Costs and Source of Funding	No additional cost to the County
Reimbursements Expected	N/A
Number of Staff needed by the Departments	No additional staff needed
Target Implementation Date	November 2010
Expected Outcomes	<p>Increased employment placements</p> <p><input checked="" type="checkbox"/> Helps Indigent Adults</p> <p><input checked="" type="checkbox"/> Controls County's Costs</p>
How data will be tracked	DPSS' MAPPER system will be enhanced to produce needed reports

ISSUE: OTHER	
Recommended Action #17 Approved by the Board on 10/6/09	<p>Conduct a comprehensive study of the Mandatory Substance Abuse and Recovery Program (MSARP) to evaluate its effectiveness.</p> <ul style="list-style-type: none"> A. DPSS and DPH-ADPA will evaluate the redesign of MSARP based upon the results of the evaluation. B. Use the evaluation outcomes and DPH-ADPA Rate Study to inform a resolicitation process for GR services. C. Evaluate the need for substance abuse treatment services for emerging adults ages 18-24 and the need to design specialized treatment services for this population.
Implementation Plan	<p>DPSS, in coordination with DPH and CEO/SIB/RES will</p> <ul style="list-style-type: none"> ▪ identify the population groups that receive MSARP treatment; ▪ identify the data elements of the MSARP Program; ▪ determine the information needed to determine the efficiency of the MSARP Program; ▪ review all information received in order to determine the efficiency of the MSARP Program.
Lead Organization	DPSS/CEO-Service Integration Branch
Support Organization(s)	DPH
Number of participants to be served each year	N/A
Costs and Source of Funding	NCC 09/10, \$250,000
Reimbursements Expected	None
Number of Staff needed by the Departments	None – use existing staff.
Target Implementation Date	Meetings underway to finalize all study criteria. Target date for completion is July 1, 2010.
Expected Outcomes	<p>Recommendations from the CEO-SIB related to the effectiveness of MSARP and changes needed to be made to the program.</p> <p>[X] Helps Indigent Adults [X] Controls County's Costs</p>
How data will be tracked	N/A

ISSUE: OTHER	
Recommended Action #18 Approved by the Board on 10/6/09	Develop State and federal legislative/regulatory proposals to assist indigent adults and/or mitigate County costs and work with stakeholders to develop these proposals.
Implementation Plan	<ul style="list-style-type: none"> ▪ DPSS will convene a workgroup consisting of all interested parties to discuss possible legislative/regulatory proposals. ▪ DPSS will clear all proposals with the IGR staff. ▪ DPSS will draft proposals with review of County Counsel. ▪ CEO will present proposals to the Board of Supervisors. ▪ DPSS and County Advocates will pursue proposals adopted by Board of Supervisors.
Lead Organization	DPSS
Support Organization(s)	LAFLA; Public Counsel; CEO-IGR; County Counsel; NLS; JVS; SEIU 721; and any other interested GR Restructuring Workgroup members
Number of participants to be served each year	Entire caseload
Costs and Source of Funding	No cost
Reimbursements Expected	None – use existing staff.
Number of Staff needed by the Departments	None
Target Implementation Date	July 1, 2010
Expected Outcomes	<p>Bring attention to the impact which policy and program decisions at the federal and State level have on the size and cost in County government of the GR program.</p> <p>[] Helps Indigent Adults [X] Controls County's Costs</p>
How data will be tracked	To Be Determined

ISSUE: OTHER	
Recommended Action #19 Approved by the Board on 10/6/09	DPSS expand data collection for the GR program.
Implementation Plan	<ul style="list-style-type: none"> • DPSS to determine the data needs. • Where data needs are not collected electronically, set up manual process. • Where data needs are collected electronically, set up electronic reports to collect. • Analyze all data collected. • Additional data needs will be identified in the ongoing evaluation of the GR Restructuring recommendations performed by CEO-SIB. <p>(Expanded data collection will be central to the evaluation of GR Restructuring. The evaluation plan is to be considered by the Board of Supervisors as part of the Phase Two GR Restructuring recommendation.)</p>
Lead Organization	DPSS
Support Organization(s)	CEO-SIB
Number of participants to be served each year	Entire caseload
Costs and Source of Funding	Cost included in GR Restructuring Evaluation Plan.
Reimbursements Expected	None
Number of Staff needed by the Departments	None – use existing staff.
Target Implementation Date	On-going. Specific data enhancements depend on the implementation date for various elements of GR restructuring.
Expected Outcomes	<p>The measurement of program outcomes and the evaluation of potential for program efficiencies.</p> <p><input checked="" type="checkbox"/> Helps Indigent Adults</p> <p><input checked="" type="checkbox"/> Controls County's Costs</p>
How data will be tracked	N/A – recommendation is to identify data needed.

ISSUE: OTHER	
Recommended Action #20 Approved by the Board on 10/6/09	Include the GR program in the County's and DPSS' strategic plans.
Implementation Plan	<ul style="list-style-type: none"> ▪ DPSS will identify and suggest language appropriate to the GR Program to be included in the County Strategic Plan. ▪ The 2010-13 DPSS Strategic Plan includes the following: <ul style="list-style-type: none"> • By June 2010, redesign the General Relief Program to reduce homelessness, increase the number of customers who transition to SSI and increase the number of customers who become employed.
Lead Organization	DPSS/CEO-Service Integration Branch
Support Organization(s)	To Be Determined
Number of participants to be served each year	N/A
Costs and Source of Funding	No cost
Reimbursements Expected	None
Number of Staff needed by the Departments	None – use existing staff.
Target Implementation Date	DPSS Strategic Plan – January 2010
Expected Outcomes	<p>Focus attention on the size and costs of the program and the program's impact on the community.</p> <p><input checked="" type="checkbox"/> Helps Indigent Adults</p> <p><input checked="" type="checkbox"/> Controls County's Costs</p>
How data will be tracked	N/A

ISSUE: OTHER	
Recommended Action #21 Approved by the Board on 10/6/09	Conduct a pilot having the current Linkages GAIN Services Workers at two or three small DCFS offices work with the Children's Social Workers to utilize the Transition Conference as an opportunity to connect foster youth with County services.
Implementation Plan	DPSS/DCFS will initiate a workgroup to include staff currently assigned to this project, i.e., Linkages GAIN Services Workers, to work on the development of this plan.
Lead Organization	DCFS
Support Organization(s)	DPSS
Number of participants to be served each year	To Be Determined
Costs and Source of Funding	No cost
Reimbursements Expected	None
Number of Staff needed by the Departments	None – use existing staff.
Target Implementation Date	July 2010
Expected Outcomes	<p>Connects emancipated youth to services and provides the support needed to attain self-sufficiency.</p> <p><input checked="" type="checkbox"/> Helps Indigent Adults: <input checked="" type="checkbox"/> Controls County's Costs</p>
How data will be tracked	To Be Determined.

ISSUE: OTHER	
Recommended Action #22 Approved by the Board on 10/6/09	Provide better screening for Veterans and better referrals for assistance with claims and strengthen DPSS case management for veterans who are on GR to enable them to qualify faster for veteran's benefits and services.
Implementation Plan	<ul style="list-style-type: none"> ▪ Determine current process of identification of participants who are Veterans. ▪ Meet with Department of Military and Veterans Affairs (DMVA) representatives to determine their ability to assist with applications for VA benefits and establish contacts. ▪ Work with the DMVA to establish a strong working relationship. ▪ Work with DMVA to identify ways DPSS can assist veterans get information needed to expedite their applications. ▪ Explore doing a data match between DPSS and DMVA to identify GR participants potentially eligible to veteran's benefits. ▪ DPSS to work with LAFLA on a pilot program at one District Office to enhance Veteran's application for VA benefits. ▪ The GR Housing Subsidy will add Veteran's advocacy to the services offered to GR participants. ▪ Explore establishing an automated connection between DMVA and DPSS to facilitate case management. ▪ DPSS will work with Public Counsel to explore available resources to veterans.
Lead Organization	DPSS
Support Organization(s)	DMVA, LAFLA and The Center for Veterans Advancement at Public Counsel
Number of participants to be served each year	To Be Determined.
Costs and Source of Funding	No cost
Reimbursements Expected	None
Number of Staff needed by the Departments	None – use existing staff.
Target Implementation Date	July 1, 2010
Expected Outcomes	<p>Will improve likelihood of approval for veterans benefits and movement off of GR.</p> <p>[X] Helps Indigent Adults</p> <p>[X] Controls County's Costs</p>
How data will be tracked	Same type of reporting system as used to track SSI approvals.

ISSUE: OTHER	
Recommended Action #23 Approved by the Board on 10/6/09	Assess and enhance the current mechanisms designed to enable former foster care youth, medically indigent under 21 and probation youth to receive and retain Medi-Cal.
Implementation Plan	<ul style="list-style-type: none"> ▪ Establish electronic means to identify all former foster care youth. ▪ Designate a staff person in DPSS to handle all applications for former foster care youth under the age of 21 and all probation youth. ▪ DPSS will work with Probation to establish a referral system to ensure these participants are properly coded to receive and retain Medi-Cal.
Lead Organization	DPSS
Support Organization(s)	Probation Department, NLS, LAFLA, DCFS
Number of participants to be served each year	To Be Determined.
Costs and Source of Funding	State/Federal Medi-Cal Admin funding
Reimbursements Expected	Possibly retroactive Medi-Cal.
Number of Staff needed by the Departments	None – use existing staff.
Target Implementation Date	January 2010
Expected Outcomes	<p>Provide coverage for medical treatment necessary to provide stability and/or to develop disability documents for SSI eligibility.</p> <p>[X] Helps Indigent Adults [X] Controls County's Costs</p>
How data will be tracked	To Be Determined.

ISSUE: OTHER	
Recommended Action #24 Approved by the Board on 10/6/09	<p>Increase the GR Participants resources by:</p> <ul style="list-style-type: none"> A. Allowing GR recipients to remain on GR while saving more money. Permit GR participants to maintain a Restricted Savings Account up to a pre-determined amount for the purpose of saving for housing, education or training expenses, and/or to start a business that would not be countable towards the property limit. B. Helping participants who have child support obligations by: <ul style="list-style-type: none"> a. Educating workers and participants about the assistance DPSS currently offers to help lower child support payments for participants. b. Work with the Child Support Services Department to reduce child support payments for participants after they leave GR for the first six months they have a job, to allow them to get on their feet before resuming higher child support payments.
Implementation Plan	<ul style="list-style-type: none"> ▪ DPSS will update GR policy to allow GR participants to maintain a Restricted Savings Account up to a pre-determined amount for the purpose of saving for housing, education or training expenses, and/or to start a business that would not be countable towards the property limit. The GR policy will mirror the Food Stamp policy. ▪ Develop training for all DPSS GR Intake EWs regarding the ability to reduce child support payments. ▪ Continue the interface with CSSD to identify all GR participants and to continue to automatically request reduction of child support requirements in court for GR participants while receiving GR. ▪ Meet with CSSD to determine the possibility of keeping the child support payments reduced for some number of months after GR is terminated due to employment.
Lead Organization	DPSS
Support Organization(s)	DCFS; CSSD; Public Defender; LAFLA
Number of participants to be served each year	To Be Determined
Costs and Source of Funding	No cost to implement, but small increase in NCC for GR assistance due to additional months of GR assistance for participants who establish a restricted account, within the existing maximum 9-month period of eligibility for employable recipients.
Reimbursements Expected	None
Number of Staff needed by the Departments	None – use existing staff.

Target Implementation Date	October 1, 2010
Expected Outcomes	Increased likelihood of self-sufficiency and decreased recidivism. <input checked="" type="checkbox"/> Helps Indigent Adults <input checked="" type="checkbox"/> Controls County's Costs
How data will be tracked	To Be Determined.

ISSUE: OTHER	
Recommended Action #25 Approved by the Board on 10/6/09	Add positions in GR offices, through September 30, 2010, utilizing TANF emergency contingency funds (ECF), to assist GR participants navigate the GR process. Positions may be filled with GR non-custodial parents (NCPs) who qualify for ECF-funded subsidized employment.
Implementation Plan	<ul style="list-style-type: none"> ▪ Create an outreach plan with specific strategies and targets to do outreach to GR NCPs, CalWORKs participants and other eligible needy parents. ▪ Participants will be trained by a team of community advocates and DPSS experts. Training will be ongoing throughout the course of service. ▪ The Mental Health System Navigator and Peer Advocate models will be studied and best practices evaluated for potential adoption. ▪ Reference materials will be developed and provided as part of training modules throughout length of service.
Lead Organization	DPSS
Support Organization(s)	None
Number of participants to be served each year	To Be Determined.
Costs and Source of Funding	Additional costs funded through the TANF Emergency Contingency Fund - No NCC
Reimbursements Expected	TANF Emergency Contingency Fund.
Number of Staff needed by the Departments	No County staff. Subsidized employees through the Southbay Workforce Investment Board.
Target Implementation Date	March 2010.
Expected Outcomes	<p>GR applicants/participants have fewer problems complying with GR program rules.</p> <p><input checked="" type="checkbox"/> Helps Indigent Adults</p> <p><input checked="" type="checkbox"/> Controls County's Costs</p>
How data will be tracked	To Be Determined.

ISSUE: OTHER	
Recommended Action #26 Approved by the Board on 10/6/09	CEO-SIB conduct an evaluation of GR program mandates, rules, time limits, sanctions, operational processes, and data limitations, including a cost/benefit analysis.
Implementation Plan	<ul style="list-style-type: none"> ▪ Set up a committee consisting of CEO-SIB, DPSS, and community advocates to review all pertinent GR program mandates and rules. ▪ Request other counties provide a copy of their rules to compare with L.A. County. ▪ Include an assessment of Homeless Case Managers' duties and responsibilities and determine if Case Managers would be able to take on responsibility for helping GR clients do more of the leg work to obtain housing assistance. The goal is to have Case Managers complete, procure, and submit necessary paperwork instead of having the GR recipient do so, to expedite the application process and to reduce errors.
Lead Organization	DPSS/CEO-SIB
Support Organization(s)	Community Advocates
Number of participants to be served each year	N/A
Costs and Source of Funding	<u>FY 2009/10</u> \$200,000 – New NCC approved on October 6, 2009 as part of GR Restructuring Phase One recommendations.
Reimbursements Expected	None
Number of Staff needed by the Departments	None – use existing staff.
Target Implementation Date	October 1, 2010
Expected Outcomes	<p>Recommendations from the CEO-SIB related to the effectiveness of sanctions, time limits, and GR operational processes.</p> <p><input checked="" type="checkbox"/> Helps Indigent Adults</p> <p><input checked="" type="checkbox"/> Controls County's Costs</p>
How data will be tracked	To Be Determined.

ISSUE: OTHER	
Recommended Action #27 Approved by the Board on 10/6/09	Establish a GR Anti-Homelessness Account in the CEO's budget to fund enhanced services to reduce GR homelessness. Fund this account with savings from enhanced GR services, including but not limited to GR grant savings for participants who receive a rental subsidy and secure employment/SSI, and Interim Assistance Reimbursement for rental subsidies for GR participants who qualify for SSI.
Implementation Plan	<p>DPSS and the CEO will develop and implement a mechanism, effective January 1, 2010, to identify GR participants receiving a rental subsidy who exit GR due to securing employment or being approved for SSI. This mechanism will identify the four categories of savings specified in the October 6, 2009 GR Restructuring Board letter:</p> <ol style="list-style-type: none"> 1. Interim Assistance Reimbursement for GR grant costs; 2. Interim Assistance Reimbursement for rental subsidies; 3. projected future grant savings for participants approved for SSI; and 4. projected future grant savings for participants who secure employment. <p>The two sources of savings involving Interim Assistance Reimbursement will be credited to the GR anti-homelessness account upon receipt. The projected future grant savings for participants approved for SSI will be credited to the account over three fiscal years. The projected future grant savings for participants who secure employment will be credited in the fiscal year that the participant exits GR.</p>
Lead Organization	CEO; DPSS
Support Organization(s)	None
Number of participants to be served each year	To Be Determined.
Costs and Source of Funding	No cost to establish account
Reimbursements Expected	None
Number of Staff needed by the Departments	None – use existing staff.
Target Implementation Date	January 2010
Expected Outcomes	<p>Reduced homelessness, increased SSI approvals, and increased employments.</p> <p><input checked="" type="checkbox"/> Helps Indigent Adults <input checked="" type="checkbox"/> Controls County's Costs</p>
How data will be tracked	Reports from the Housing Subsidy and SSI Advocacy on all cases where participants transition to employment or SSI.

Proposed SSI Advocacy Pilot at the DPSS South Special District Office

Part One

- A) Create a two-year pilot program at the South Special DPSS office where County social workers would work side-by-side with one or more community-based organizations. Workloads would be equally distributed and best practices evaluated and implemented through a team approach.
- B) To alleviate the high caseload, one or more community-based organizations will share the existing caseload at the DPSS South Special Office with current DPSS GR/SSI Advocates in a pilot program.
- C) Provide training for County employees in the SOAR model, successfully used in states across the country, to maximize SSI approval rates.
- D) Maintain current program assignments and status of DPSS employees in GR/SSI Advocacy Services.
- E) All workers – community and DPSS – will convene regular meetings to share best practices and identify solutions to problems.
- F) All workers – community and DPSS – will provide the same incentives to the clients to keep participants connected to the advocates and have access to the same tools.
- G) Coordinate with DMH and DHS - looking at the Integrated Service System Team (ISST) approach and other models - and develop protocols on how the DPSS GR/SSI advocates and CBOs will work with those departments to maximize success.
- H) Develop protocols to allow County employees to engage in outreach efforts including conducting visits at homes, shelters, clinics and non-traditional sites.
- I) Conduct an evaluation at 12 months to evaluate the pilot program and strategies utilized.

- J) DPSS issues a comprehensive report to the Board of Supervisors at 18 months which would include among other issues:
- a. How approval rates are affected overall
 - b. Assessment of decreased caseloads of DPSS employees
 - c. Assessment of community-based organizations participation
 - d. Practices utilized and changes to system
 - e. Assessment of development of ISST and recommended protocols
 - f. Recommendations of best practices
 - g. Evaluation of SOAR implementation
 - h. Progress of team approach

Part Two

- A) Create a two-year pilot program at South Special DPSS office through which DPSS GR/SSI Social Workers will be outstationed at community and/or County clinics and potentially other sites.
- B) Workers participating in the pilot program will be based out of their DPSS office part of the week and at participating agencies the other part of the week.
- C) Locations for outstationing will be determined by engaging interested partner agencies and can include multiple clinics and potentially other sites.
- D) Develop protocols to allow County employees to engage in outreach efforts including conducting visits at homes, shelters, clinics and non-traditional sites.
- E) Conduct an evaluation at 12 months to evaluate the pilot program and strategies utilized.
- F) Include this program in the comprehensive report that DPSS issues to the Board of Supervisors at 18 months.

**GENERAL RELIEF RESTRUCTURING WORKGROUP
PHASE TWO CONSENSUS RECOMMENDATIONS**

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ISSUE: ADULT LINKAGES PROJECT			
#*	RECOMMENDATION	INTENDED OUTCOMES	FUNDING NEEDED
28.	<p>Assist GR participants manage their money better by:</p> <ul style="list-style-type: none"> Formulating a list of banks that allow recipients to establish accounts with no minimum balances and minimal overdraft fees. Assembling training materials instructing clients about budgeting and money management as well as the security advantages of keeping their funds in a bank account. The instruction topics would also include balancing their check book, if utilizing an ATM to check their account status, and avoiding bank fees. Focusing on providing this information to GR participants securing SSI benefits. Engaging with community organizations involved with assisting individuals with money management issues. Seeking volunteer agencies who will offer training or assistance to GR participants on money management. 	<p>Assist GR participants to transition into mainstream banking practices.</p> <p><input checked="" type="checkbox"/> Helps Indigent Adults <input type="checkbox"/> Controls County Costs</p>	No cost

ISSUE: HOUSING/HOMELESSNESS			
#	RECOMMENDATION	INTENDED OUTCOMES	FUNDING NEEDED
29.	Do not limit the housing subsidy to 9 months for employable GR participants. Instead, permit employable GR participants who reach the 9-month time limit to continue receiving the subsidy during the 3 months that they are ineligible to GR.	<p>Prevent homelessness.</p> <p><input checked="" type="checkbox"/> Helps Indigent Adults: <input checked="" type="checkbox"/> Controls County's Costs</p>	No additional cost. Funding otherwise allocated for GR rental subsidies will be used.

*Recommendations 1-27 were approved by the Board of Supervisors on October 6, 2009.

30.	<p>DPSS should engage in a dialogue with board and care operators to determine how to increase usage of board and care facilities by homeless GR participants. Explore providing information to GR participants on board and care facilities upon release from emergency rooms or hospitals.</p>	<p>Decrease the incidence of homelessness among GR participants.</p> <p><input checked="" type="checkbox"/> Helps Indigent Adults <input checked="" type="checkbox"/> Controls County's Costs</p>	No cost
31.	<p>Improve upon DPSS' GR SSI and Medi-Cal Advocacy Program by:</p> <ol style="list-style-type: none"> 1. Advocating for a change in federal regulations that would extend the protected filing date from 60 days to as many as 365 days, to increase the period of time during which the County could secure Interim Assistance Reimbursement for GR grants/rental subsidies and retroactive Medi-Cal. 2. Customizing the approach to securing SSI based on the condition and available documentation for individual GR participants by: <ul style="list-style-type: none"> • Better identifying GR participants who are potentially eligible for SSI through a more extensive medical and/or mental health disability assessment (approved in Phase One). • Evaluating available medical treatment documentation and utilizing the document retrieval process (approved in Phase One), if necessary. • Evaluating whether a comprehensive medical/mental health evaluation (approved in Phase One), and the resulting write-up would strengthen the SSI application, and, if so, refer the participant for an evaluation. • Making an appropriate decision about when to file the SSI application in order to increase the chance of approval, based on the participant's situation and the results of any assessments, medical documentation, and/or evaluation. 	<p>Assist GR participants to transition from GR to SSI benefits.</p> <p><input checked="" type="checkbox"/> Helps Indigent Adults <input checked="" type="checkbox"/> Controls County Costs</p>	No cost

ISSUE: SSI ADVOCACY			
#	RECOMMENDATION	INTENDED OUTCOMES	FUNDING NEEDED
	<p>3. Implementing the SSI/SSDI Outreach Access and Recovery (SOAR) principles and strategies.</p> <p>4. Seeking training from Social Security Administration for DPSS SSI advocates on SSI medical disability standards and case development.</p> <p>5. Developing the disability assessment and evaluation tools in consultation with medical/mental health professionals and experienced SSI advocates</p>		
32.	Provide ancillary expenses for showers, shoes, clothes, etc., for those pursuing SSI, including a motel voucher for the night before an SSI appointment with California Department of Social Services or Social Security Administration, when needed to enable the participant to arrive on time.		\$200,000 – NCC
33.	Collaborate with private medical facilities to retrieve medical and mental health records on behalf of GR participants to support their disability claim for SSI as part of the current DPSS-DHS homeless release project.	<p>Assist GR participants to transition from GR to SSI benefits.</p> <p>[X] Helps Indigent Adults</p> <p>[X] Controls County Costs</p>	No cost
34.	<p>Assist GR participants applying for SSI benefits by:</p> <ul style="list-style-type: none"> Identifying GR participants who are in need of mental health treatment to secure medical documentation needed to secure SSI; Subject to funding, providing mental health treatment to those participants; Prioritizing mental health services for GR participants who need to pursue SSI; Documenting those who cannot be treated due to lack of funding; Ensuring cost recoupment from retroactive Medi-Cal; Assessing current procedures for providing mental health treatment to GR participants; and Recommending changes to better keep participants engaged in treatment. 	<p>Assist GR participants to transition from GR to SSI benefits.</p> <p>[X] Helps Indigent Adults</p> <p>[X] Controls County Costs</p>	Existing DMH Funding to the extent available

ISSUE: SSI ADVOCACY														
#	RECOMMENDATION	INTENDED OUTCOMES	FUNDING NEEDED											
35.	DPSS SSI Advocates should provide case management that will help GR SSI applicants keep track of appointments.	Assist GR participants to transition from GR to SSI benefits. [X] Helps Indigent Adults [X] Controls County Costs	No cost											
36.	Pursue a pilot to coordinate ongoing health and mental health treatment for GR participants pursuing SSI, dependent upon available funding.	Assist GR participants to transition from GR to SSI benefits. [X] Helps Indigent Adults [X] Controls County Costs	No NCC											
37.	Strengthen current process to identify GR participants who were previously on SSI and prioritize SSI advocacy for them.	Assist GR participants to transition from GR to SSI benefits. [X] Helps Indigent Adults: [X] Controls County's Costs	No cost											
38.	Establish the following targets for SSI Approvals: 1. For SSI applications filed in FY 10/11 and ongoing, increase the SSI approval rate at the initial application level to at least 50% in FY 10/11, to at least 60% in FY 11/12, and to at least 70% in FY 12/13. 2. For the overall number of SSI approvals, increase the number of SSI approvals as follows:	Assist GR participants to transition from GR to SSI benefits as soon as possible and increase the number of GR participants approved for SSI. [X] Helps Indigent Adults: [X] Controls County's Costs	No cost	<table><tr><td></td><td>FY 2008-09 Baseline</td><td>FY 2010-11 Target</td><td>FY 2011-12 Target</td><td>FY 2012-13 Target</td></tr><tr><td>Total SSI Approvals</td><td>5891</td><td>6400</td><td>6900</td><td>7400</td></tr></table>		FY 2008-09 Baseline	FY 2010-11 Target	FY 2011-12 Target	FY 2012-13 Target	Total SSI Approvals	5891	6400	6900	7400
	FY 2008-09 Baseline	FY 2010-11 Target	FY 2011-12 Target	FY 2012-13 Target										
Total SSI Approvals	5891	6400	6900	7400										

39.	Address/fix non-disability related SSI eligibility issues such as citizenship documentation, birth certificate, etc.	Assist GR participants to transition from GR to SSI benefits. [X] Helps Indigent Adults: [X] Controls County's Costs	No cost
40.	Strengthen existing relationships with the Social Security Administration.	Assist GR participants to transition from GR to SSI benefits. [X] Helps Indigent Adults: [X] Controls County's Costs	No cost
41.	<p>Implement a transportation pilot project to evaluate the impact of providing monthly bus passes to two groups of GR participants to determine whether providing bus passes (instead of individual tokens) increases their likelihood of approval for SSI:</p> <ol style="list-style-type: none"> 1. GR participants pursuing SSI, and 2. GR participants receiving a housing subsidy and pursuing SSI. <p>The pilot will consist of 200 GR participants. Each participant will contribute \$10 per month toward the cost of the bus pass.</p> <p>Results will be compared after one year of the pilot. If providing bus passes is shown to be a good method of helping participants obtain approval of SSI benefits more quickly, DPSS will then explore ways of providing them to more participants.</p>	<p>Assist GR participants' transition onto SSI.</p> <p>[X] Helps Indigent Adults [X] Controls County's Costs</p>	<p>FY 2010 – 11 \$ 62,400 – NCC \$ 62,400 – New Federal Revenue \$124,800 – Total Funding</p>

ISSUE: OTHER			
#	RECOMMENDATION	INTENDED OUTCOMES	FUNDING NEEDED
42.	<p>Reconstitute the GR Restructuring Workgroup as the GR Restructuring Steering Committee to meet quarterly to do the following:</p> <ul style="list-style-type: none"> ▪ Work together on the implementation process; ▪ Review evaluation data and make recommendations for any adjustments to processes or targets; and ▪ Identify and pursue opportunities for GR service integration. 	<p>[X] Helps Indigent Adults</p> <p>[X] Controls County's Costs</p>	No cost

Restructuring the General Relief Program: Evaluation Plan CEO/SIB/RES

Background

The Los Angeles County Board of Supervisors has approved a plan for reforming the General Relief (GR) Program based on 27 policy recommendations offered jointly by a GR Redesign Workgroup, and the Board of Supervisors is scheduled to consider additional recommendations from the workgroup in December 2009. The Workgroup consists of representatives from multiple County departments, as well as from welfare and homeless advocacy organizations. The recommendations are intended to guide policymakers in efforts to make the GR program more effective for recipients and more efficient for the County in the deployment of resources. Evaluating the effectiveness of the implementation of the Workgroup's recommendations will be a crucial part of ensuring that the GR restructuring process achieves its objectives.

Outcomes and Pre-Post Test Design

The County's evaluation of the GR restructuring process will primarily focus on three recipient outcome areas:

- Housing;
- Employment;
- Approval for Federal disability benefits and services.

Statistical methods will be applied to administrative records from the County Departments directly involved in the restructuring of GR – DPSS, DHS, DPH, DMH, DCFS, Public Defender, Sheriff's and Probation – in order to evaluate the effects of the reform efforts. If necessary, additional data will be acquired from other County Departments and/or outside agencies. All data will be stored in a data warehouse so that outcomes can be tracked over time and reported quarterly. In addition to these quarterly data reports, CEO-SIB will provide an annual analysis based on this data.

The analysis of GR reform will be based on a pre-post test design comparing recipient outcome variables before and after the implementation of particular policy enhancements or sets of enhancements. Additionally, an analysis of cost effectiveness will be conducted for all enhancements in order to estimate their capacity to yield cost savings.

Reform Areas and the Groups of GR recipients to be Observed¹

The evaluation of the GR restructuring efforts will be divided into four areas corresponding to the types of reforms to be made and the types of participants to be affected by the reforms. The various recommendations approved by the Board of Supervisors on October 6, 2009, are sorted among these four areas, and any additional GR Restructuring recommendations approved by the Board in December 2009 or thereafter will be included in the appropriate area:

1. Enhanced coordination among County departments serving GR participants

(Recommendations # 1, 2, 3, 4, 13)

Reforms in this area focus on the following sub-groups of GR recipients:

- Recipients targeted as frequent users of other County services (#1);
- Recipients served by the innovative service integration model (#2);
- Recipients served by the services integrated between the Sheriff's Department and DPSS (#3);
- Recipients served by police agencies who make social services referrals for the homeless and connect them with resources (#4);
- Emerging Adult recipients (age 18-24) released from the Probation Department who applied for GR benefits (#13).

After the implementation of recommendations in this area, recipients in the sub-groups listed above will be tracked for one year and pre-post reform comparisons will be made of their housing, employment and Federal benefit eligibility outcomes.

2. Housing and homelessness programs for GR participants

(Recommendations # 5, 7)

Reforms in this area focus on the following sub-groups of GR recipients:

- GR recipients who are (1) employable, or (2) disabled and pursuing SSI and/or other Federal disability benefits, and who have benefited from the expanded rental subsidy program (#5).
- Mentally ill GR recipients who are moved into supportive housing (#7)

¹ In addition to the areas to be evaluated discussed in this research plan, CEO/SIB/RES is also in the early stages of conducting two additional analyses connected to GR and the process of GR reform. The first of these will evaluate the Mandatory Substance Abuse Recovery Program (MSARP) for persons entering GR with detected needs for substance abuse treatment (see Recommendation #17 of the Workgroup's GR Restructuring Plan). The second analysis will be a GR process evaluation analyzing the flow of participants through the GR program in an attempt to identify both person-level and program-level barriers that hinder the movement towards self sufficiency (see recommendation #26 of the Workgroup's GR Restructuring Plan).

After the implementation of recommendations in this area, recipients in the sub-groups listed above will be tracked for one year and pre-post reform comparisons will be made of their housing, employment and Federal benefit eligibility outcomes.

3. SSI and other benefits advocacy programs for GR participants

(Recommendations # 8, 9, 10, 22, 23)

Reforms in this area focus on the following sub-groups of GR recipients:

- Recipients served by the new extensive medical/mental health disability assessment performed by (1) DMH, (2) DHS or possibly DPH, and/or (3) DHS Public Private Partners (#8)
- Recipients whose medical and mental health records were retrieved from DHS, DMH, and LASD to support their disability claim for SSI (#9)
- Recipients who qualify for SSI and Medi-Cal, and their retroactive Medi-Cal payments were recovered (#10)
- Recipients who are veterans and received enhanced case management services (#22)
- Recipients who are former foster youth receiving services to obtain and/or retain Medi-Cal (#23)

After the implementation of recommendations in this area, recipients in the sub-groups listed above will be tracked for one year and pre-post reform comparisons will be made of their housing, employment and Federal benefit eligibility outcomes.

4. Extension of GROW and employment programs for GR participants

(Recommendation # 12, 15, 16)

Reforms in this area focus on the following sub-groups of GR recipients:

- Recipients in GROW who received enhanced and customized services after the reorganization of GROW including (#12):
 - Transitional Age Youth (TAY);
 - Veterans;
 - Recipients exiting Mandatory Substance Abuse Program (MSARP).
 - Volunteers
 - Need Special Assistance (NSA) recipients who volunteer in GROW
 - Recipients in GROW aged 18-24 who come out of foster care and probation
- Recipients in GROW who received job services and employment opportunities through the WorkSource Centers (#15)
- Recipients in GROW who received GED preparation (#16)

Research Questions

The following research questions are structured around the outcome areas of interest and will guide the evaluation of the GR reform efforts:

A) GR Participation

1. Among the different recipient groups, how does the average length of GR tenure after the implementation of the GR reforms compare to the average length of tenure prior to the reforms?
2. How does the average number of GR episodes per recipient after the implementation of the reforms compare to the average number of episodes prior to the reforms?
3. How does the number and proportion of temporarily unemployable designation after the reforms compare to the number and proportion of temporarily unemployable designation prior to the implementation of the reforms? What role do restructured GR programs play in moving temporarily unemployable recipients off benefits?
4. How does the duration of the temporarily unemployable designation after the reforms compare to the duration of the temporarily unemployable designation prior to the implementation of the reforms?
5. How does the number and proportion of the permanently unemployable designation after the reforms compare to the number and proportion of permanently unemployable designation prior to the implementation of the reforms?

B) Housing

1. For GR recipients receiving either housing subsidies or supportive housing for the mentally ill, how does the rate and extent of homelessness after the implementation of the reforms compare to the rate and extent of homelessness prior to the implementation of the reforms?
2. For GR recipients receiving either housing subsidies or supportive housing for the mentally ill, how does the average duration of stays in residential housing units after the implementation of the reforms compare to the duration of stays prior to the reforms?
3. What kind of housing are GR recipients moving into when they receive either housing subsidies or supportive housing for the mentally ill? What is the average number of tenants living in properties where these types of GR recipients live? To what extent do these GR recipients share with other GR recipients and/or recipients of benefits and services from other welfare programs?

C) Employment

1. To what extent do Employable/GROW GR recipients find employment after the implementation of the reforms relative to the same kinds of recipients prior to this implementation?
2. Among Employable/GROW GR recipients, how do the average spells of employment and unemployment after the implementation of the reforms compare to these spells prior to the reforms?
3. Among Employable/GROW recipients, how do average earnings after the implementation of the reforms compare with average earnings prior to the reforms?

D) Approval for Federal Benefits

1. Among the different recipient groups, how do the number of applications for Federal benefits after the implementation of the reforms, as well as the approval rate for these benefits, compare with the number of applications and approval rates prior to the implementation of the reforms? In addition, how do the approval rates before and after the reforms compare at each stage of the application and appeal process?
2. How does the length of the application and approval processes compare before and after the implementation of the reforms?
3. What are the rates of approval for SSI benefits among previously denied GR recipients? Were previously denied recipients participating in the GR SSI advocacy program when they were denied?

E) Cost Avoidance

1. Among the different recipient groups – and for all the observed GR recipients taken as a whole – how do program and service costs after the implementation of the reforms compare to these costs prior to the implementation of the reforms?
2. How does the average length and frequency with which GR recipients use particular kinds of County services compare before and after the implementation of the reforms?
3. How do IAR reimbursements for the GR grants and rental subsidies compare before and after the implementation of the reforms?
4. How do Federal reimbursements for housing subsidy payments made to employable GR participants through the Food Stamp and Employment Training (FSET) fund compare before and after the implementation of the reforms?

5. How do retroactive Medi-Cal payments for DHS and DMH after the implementation of the GR reforms compare with these payments prior to the implementation of the reforms?
6. How does the number and proportion of GR participants using other county services (such as jail, hospitals and clinics) after implementation of the reforms compare with the number and proportion using these services prior to the reforms?

Evaluation Costs

The Research and Evaluation Services unit within the CEO estimates that the cost of conducting a full evaluation of the GR Restructuring effort, including the preparation of quarterly data reports and analysis, will be **\$800,000** through June 2013. The factors informing this cost estimate are as follows:

Based on the recommendations in the restructuring plan and RES' evaluation plan, analysis will need to take place in four areas: (1) GROW and Employment Outcomes; (2) Disabled Recipients and Gaining Eligibility for SSI; (3) Homelessness and Housing; (4) Heavy Users of County Services and Special Populations (e.g. TAY, veterans, foster care, and jailed recipients). Each of these areas would include its own analyses of participation dynamics and the cost savings yielded through restructuring efforts.

RES would be involved in the evaluations in each of these areas and will produce the quarterly data reports and analysis referenced in this research plan. However, due to the unit's limited manpower, each evaluation area would be outsourced to contract researchers. RES' involvement would entail providing direction, obtaining data, assisting with data related issues, conducting evaluation briefings, and overall project management. RES estimates that each evaluation area will cost \$100,000 for the contractors and \$100,000 for RES' services and costs. With four evaluation areas, the overall cost to evaluate the restructuring efforts would therefore be \$800,000. The \$800,000 and the evaluation work it would pay for would be spread over three years, with \$300,000 to be used by June 2011, \$250,000 to be used by June 2012, and \$250,000 to be used by June of 2013.

GENERAL RELIEF RESTRUCTURE

Proposed Utilization of \$1 Million NCC in FY 2009/10 DPSS Budget Not Allocated in GR Restructuring Phase One

	FY 09/10	FY 10/11
Document Retrieval Services for GR Participants (Recommendation #9)	\$ 15,871 – additional NCC ⁽¹⁾ Projected number of Records Retrieved: 1,560 from April through June 2010.	\$ 494,683 – additional NCC ⁽¹⁾ Projected number of Records Retrieved: 6,240
Annual maintenance cost of an ALP mechanism to identify the County Service history of individual GR applicants and/or participants (Recommendation #1)	\$0	\$18,000 – NCC (This is 9% of the total annual cost, since DPSS will claim this as an allocable cost. The CEO will pursue separate funding for the initial, one-time cost of establishing this mechanism.)
LASD position to interface with DPSS and community advocates to assist with SSI advocacy services for GR participants pursuing SSI (Recommendation #3)	\$0	\$78,868 - NCC
Public Defender position to assist GR participants with SSI advocacy (Recommendation # 11)	\$0	\$ 51,747 – NCC \$ 51,746 – New Federal Revenue \$103,493 – Total Funding
Ancillary Expenses for GR participants pursuing SSI (Recommendation #32)	\$0	\$200,000 – NCC
Expanded Transportation Assistance Pilot for 200 GR participants pursuing SSI on a pilot basis (Recommendation #41)	\$0	\$ 62,400 – NCC \$ 62,400 – New Federal Revenue \$124,800 – Total Funding
Evaluation of the approved GR restructuring recommendations	\$0	\$27,000 – NCC (This is 9% of the total FY 2010-11 cost, since DPSS will claim this as an allocable cost.)
3 DPSS Program Assistant positions to support GR Restructuring	\$11,931 – NCC (January – June)	\$23,862 – NCC (This is 9% of the total FY 2010-11 cost, since DPSS will claim this as an allocable cost.)
Total:	\$27,802 – NCC	\$956,560 – NCC

(1) Funding for Document Retrieval Services was previously approved by the Board during Phase One. DPSS expected to be able to draw down 75% federal reimbursement through the CSBG – Skilled Professional Medical Personnel funding stream. DPSS has since confirmed that this funding stream is not available for this purpose. However, the 50% federal reimbursement is available through the CSBG –Health Related funding stream. Therefore, the NCC needed for this service needs to be increased, based on this reduction in the rate of federal reimbursement.

GENERAL RELIEF RESTRUCTURING

POTENTIAL OPTIONS TO RENAME THE GENERAL RELIEF PROGRAM IN LOS ANGELES COUNTY

Potential New Names Suggested by the GR Restructuring Workgroup	
1. Transitional Assistance and Services Program (TASP)	
2. Adult Transitional Assistance and Services Program (ATASP)	
3. Los Angeles Transitional Assistance Program (LA TAP)	
Names For General Relief Programs In Other California County Jurisdictions	
Jurisdiction	Name For General Relief
Orange County	General Relief
San Bernardino County	General Relief
Riverside County	General Relief
Ventura County	General Relief
Sacramento County	General Assistance
San Francisco County	General Assistance/County Adult Assistance Program (CAAP)
Names For General Relief Programs In Other States¹	
State	Name For General Relief
Alaska	General Relief or Interim Assistance
Arizona	General Relief
Colorado	Aid to the Needy Disabled
Connecticut	State Administered General Assistance
Delaware	General Assistance
Hawaii	General Assistance
Idaho	General Assistance
Illinois	Transitional Assistance or Family and Children Assistance
Indiana	Poor Relief
Iowa	General Assistance
Kansas	General Assistance
Maine	General Assistance
Maryland	Transitional Emergency Medical and Housing Assistance (TEMHA)
Massachusetts	Emergency Aid to the Elderly, Disabled, and Children
Michigan	State Disability Assistance
Minnesota	General Assistance
Missouri	General Relief
Nebraska	State Disability Program or County General Assistance
Nevada	Direct Assistance Service

¹ Information obtained from the Urban Institute's publication on State General Assistance Programs, Summer 1998.

Names For General Relief Programs In Other States	
Jurisdiction	Name For General Relief
New Hampshire	City Welfare
New Jersey	Work First New Jersey/General Assistance
New Mexico	General Assistance
New York	Safety Net Assistance (SNA)
Ohio	General Assistance or Temporary Assistance Program
Pennsylvania	General Assistance
Rhode Island	General Public Assistance – Bridge Fund
South Dakota	Poor Relief
Utah	GA-Self Sufficiency or GA-Working Toward Employment Program
Vermont	General Assistance
Virginia	General Relief
Washington	General Assistance
Wisconsin	Relief Block Grant Program
City and County of Denver (Colorado)	General Assistance
Miami Dade County (Florida)	Direct Financial Assistance
Fulton County (Georgia)	General Assistance
Jefferson County (Kentucky)	Emergency Financial Assistance
Yellowstone County (Montana)	General Relief

As of the 1998 publication of the study from which this information was drawn, Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Mississippi, Montana, North Carolina, North Dakota, Oklahoma, South Carolina, Tennessee, Texas, West Virginia, and Wyoming did not have state General Relief programs or requirements.

**GR RESTRUCTURING INFORMATION REQUESTED BY
THE BOARD OF SUPERVISORS**

Motion	DPSS Response
For Recommendation #5, Housing and Homelessness, coordinate with Community Development Commission to obtain the 10,000 units of affordable housing by 2014.	Coordinating with the Community Development Commission is included in the implementation plan for increasing the number of housing subsidies for GR participants. (Recommendation #5)
For Recommendation #8, SSI Advocacy, what opportunities will exist to contract out the disability assessments and/or the disability evaluations in a way that would maximize the ability to draw down Federal revenue yet achieve full cost effectiveness in expenditure of County dollars, as well as, a detailed fiscal analysis of contracting out the disability assessments or the disability evaluations?	<p>As part of the implementation plan for Recommendation #8, DPSS and DHS have determined that the best mechanism to conduct the disability assessments and evaluations is through current DHS Public Private Partners (PPPs). DHS will need to complete some type of solicitation among the PPPs for these services.</p> <p>The County can claim 50% of the cost of these services through Community Services Block Grant–Health Related (CSBG-HR). If the disability assessments were conducted by DHS staff, the County could still only claim 50% federal reimbursement and the cost for each assessment would be much higher.</p> <p>For the disability evaluations, the County could claim 75% federal reimbursement if those evaluations were conducted by DHS staff; however, even with this higher federal reimbursement rate, the NCC for a disability evaluation conducted by DHS staff would be greater than the cost of using the PPPs.</p> <p>Additionally, having the PPPs conduct the disability assessments and evaluations will create greater opportunities to connect those assessments and evaluations to ongoing, primary health care provided to GR participants.</p> <p>DPSS and DMH have determined that it is most desirable for DMH staff to conduct the mental health disability assessments and evaluations. DMH staff housed in DPSS GR offices currently conduct the mental health screenings which will be replaced with more extensive mental health disability assessments. Utilizing DMH staff in DPSS GR offices for the mental health disability assessments will build on this current structure and ensure that the mental health assessors are accessible in the GR offices. Whether the mental</p>

**GR RESTRUCTURING INFORMATION REQUESTED BY
THE BOARD OF SUPERVISORS**

Motion	DPSS Response
	<p>health disability assessments are conducted by DMH staff or DMH contractor staff, the county will be able to recover 50% federal reimbursement through the Community Services Block Grant–Health Related (CSBG-HR).</p> <p>DPSS and DMH have determined that it is most desirable for DMH staff to also conduct the mental health evaluations. Through the use of DMH staff, the county will be able to recover 75% federal reimbursement through CSBG-SPMP, whereas using mental health contractors would result in only 50% federal reimbursement. Additionally, these evaluations can be conducted by the same DMH staff who will do the mental health assessments in the DPSS GR offices, which will maximize access to the staff and promote continuity between the assessment and evaluation.</p>
<p>For Recommendation #24-B, GR Participant Cash Resources, how will the needs of the child be impacted if the child support payments are reduced?</p>	<p>The needs of children of GR participants may be positively impacted, and it is very unlikely that there will be a negative impact. A reduction in child support is already available to Non-Custodial Parents (NCP) on GR. Extending the reduction of child support for a short period for a newly-employed GR participant will positively affect the child and NCP by allowing the NCP to stabilize his financial status before incurring a child support increase. This may enable the NCP to prepare for resuming their regular child support payments and be able to sustain those payments for a longer period of time.</p>
<p>A plan to evaluate and report back quarterly to the Board on the progress in meeting those targets and other reforms to include:</p> <ul style="list-style-type: none"> ▪ Number of participants that transitioned into full employment ▪ Number of participants that were transitioned to SSI; and ▪ Number of participants who received housing subsidies but remained on GR with or without employment and/or SSI funding. 	<p>DPSS will provide quarterly reports on the progress of GR Restructuring beginning April 2010. The CEO Service Integration Branch has also drafted an evaluation plan for the Board's approval (Attachment 5) which will include the production of quarterly data reports that will be submitted to the Board of Supervisors.</p>

**GR RESTRUCTURING INFORMATION REQUESTED BY
THE BOARD OF SUPERVISORS**

Motion	DPSS Response																
Propose GR-to-SSI enrollment targets	<p>The Workgroup reached consensus to recommend the following SSI approval targets (Recommendation #37):</p> <p>At initial application:</p> <table><tr><td><u>Baseline</u></td><td><u>FY 2010-11</u></td><td><u>FY 2011-12</u></td><td><u>FY 2012-13</u></td></tr><tr><td>40%(est.)</td><td>50%</td><td>60%</td><td>70%</td></tr></table> <p>Total SSI Approvals:</p> <table><tr><td><u>Baseline</u></td><td><u>FY 2010-11</u></td><td><u>FY 2011-12</u></td><td><u>FY 2012-13</u></td></tr><tr><td>5,891</td><td>6,400</td><td>6,900</td><td>7,400</td></tr></table>	<u>Baseline</u>	<u>FY 2010-11</u>	<u>FY 2011-12</u>	<u>FY 2012-13</u>	40%(est.)	50%	60%	70%	<u>Baseline</u>	<u>FY 2010-11</u>	<u>FY 2011-12</u>	<u>FY 2012-13</u>	5,891	6,400	6,900	7,400
<u>Baseline</u>	<u>FY 2010-11</u>	<u>FY 2011-12</u>	<u>FY 2012-13</u>														
40%(est.)	50%	60%	70%														
<u>Baseline</u>	<u>FY 2010-11</u>	<u>FY 2011-12</u>	<u>FY 2012-13</u>														
5,891	6,400	6,900	7,400														
Options for a new name to replace GR	<p>The GR Restructuring Workgroup researched the names used in other county and state jurisdictions and discussed potential new names for the GR program in Los Angeles County. Options for a new name are contained in Attachment 7.</p>																
Feasibility of collaborating with other entities at the state and federal levels of purposes of benefitting the GR program	<p>DPSS has an existing ongoing collaboration with the Social Security Administration (SSA) and the State's Disability Determination Services Division (DDSD). DPSS has plans to strengthen working relationships with SSA and DDSD, particularly during the initial implementation phase of the SSI-related GR Restructuring recommendations. Additionally, DPSS will engage the Department of Housing and Urban Development (HUD), U.S. Department of Labor, California Department of Rehabilitation, and the Veterans' Administration in conjunction with the implementation of the GR Restructuring recommendations.</p>																
Provide information on successful SSI Advocacy efforts in other large jurisdictions.	<p>Information on SSI Advocacy efforts in other large jurisdictions is contained in Attachment 7, along with a description of the SOAR project and related outcomes.</p>																

**GR RESTRUCTURING INFORMATION REQUESTED BY
THE BOARD OF SUPERVISORS**

Attachment 7

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GENERAL RELIEF HOUSING SUBSIDY AND CASE MANAGEMENT PROJECT

Number of Participants who transitioned into full employment:	92 of 305 participants in the GR Housing Subsidy and Case Management pilot group compared to 69 of the 305 participants in the control group, which did not receive housing subsidies ¹ .
Number of Participants who were transferred to SSI:	85 of the 266 SSI applications made by GR Housing Subsidy and Case Management pilot group was approved, with 91 applications pending at the conclusion of the study, compared to 18 of 100 SSI applications made by GR participants in the control group, which did not receive housing subsidies, with 29 applications pending at the conclusion of the study ² .
Number of Participants who received housing subsidies but remained on GR with or without employment and/or SSI funding:	266 of 950 GR Housing Subsidy Case Management pilot participants in the program more than three months received housing subsidies and remained on GR with or without employment or SSI ³ .

¹ Data derived from the General Relief Housing Subsidy and Case Management Pilot Project Evaluation, August 2009, page 13.

² Data derived from the General Relief Housing Subsidy and Case Management Pilot Project Evaluation, August 2009, page 18.

³ Data derived from the General Relief Housing Subsidy and Case Management Pilot Project Evaluation, August 2009, page 11.

**REQUESTED INFORMATION FOR PHASE ONE
GR RESTRUCTURING RECOMMENDATIONS**

Recommendation	#1 USE OF ADULT LINKAGES PROJECT MECHANISM TO IDENTIFY COUNTY SERVICES	#2 DEVELOP AN INTEGRATED SERVICE MODEL FOR CERTAIN GR PARTICIPANTS SERVED BY MULTIPLE DEPARTMENTS	#3 SERVICE INTEGRATION BETWEEN DPSS AND SHERIFF'S DEPARTMENT	#4 POLICE AGENCY SOCIAL SERVICES FOR REFERRALS FOR HOMELESS INDIVIDUALS
Number of participants to be served each year	To be determined	To be determined	To be determined	Unknown
Number and type of staff needed by the Departments.	Existing staff	Existing staff	LASD 1 Liaison (Custody Assistant)	None
Number of participants to be moved from GR to SSI per year	N/A	N/A	To be determined	N/A
Number of homeless participants to be moved into housing per year	To be determined	To be determined	N/A	To be determined
Number of GR participants to be moved into jobs	N/A	To be determined	To be determined	N/A
Cost	NCC 10/11: \$18,000 (DPSS on-going allocable cost) Total annual ongoing cost: \$200,000. CEO-SIB is pursuing IT funding of \$600,000 to cover the one-time cost of \$600,000.	No NCC	\$78,868/year	No cost
Funding Sources	One time cost: CEO IT fund and/or CIO fund Ongoing cost: DPSS allocable – 9% NCC.	No NCC Any other potential funding to be determined	NCC	N/A
Reimbursements expected to be received.	N/A	To be determined	IAR for GR grants and rental subsidies paid pending approval of SSI	None
Target Implementation Date	July 2010	October 2010	July 2010	August 2010

Recommendation	#5 EXPAND HOUSING SUBSIDIES	#6 HOUSING PILOT - PURCHASING OF HOUSING FOR HOMELESS SERVICES	#7 EXPLORING HOUSING OPTIONS FOR MENTALLY ILL	#8 EXTENSIVE MENTAL HEALTH/MEDICAL ASSESSMENT
Number of participants to be served each year	1,540 subsidies (FY 2010-11) Subsidies to increase to 10,000 by December 2014	To be determined	To be determined	46,000 Assessment 2,000 Evaluations 48,000 total (December 2010 through June 2011)
Number and type of staff needed by the Departments	DPSS 1 Program Assistant, 9 GSWs, and 1 GSS	DPSS 1 Program Assistant	N/A	Additional Psychiatric Social Worker IIs for DMH - number to be determined
Number of participants to be moved from GR to SSI per year	<u>FY 2009-10</u> 89 <u>FY 2010-11</u> 454	N/A	To be determined	6,400 in FY 2010-2011 6,900 in FY 2011-2012 7,400 in FY 2012-2013 (7,400 each year thereafter)
Number of homeless participants to be moved into housing per year	<u>FY 2009-10</u> At Least 1,512 <u>FY 2010-11</u> At Least 3,636	To be determined	To be determined	N/A
Number of GR participants to be moved into jobs	<u>FY 2009-10</u> 173 <u>FY 2010-11</u> 893	N/A	N/A	N/A
Cost	<u>FY 2009-10</u> \$4,052,000 Existing Budgeted NCC (Cost is based on a full-year allocation). \$1,313,757 New NCC \$ 597,162 New Federal Revenue \$5,962,919 Total Funding <u>FY 2010-11</u> \$4,052,000 Existing Budgeted NCC \$2,627,515 New NCC \$1,194,324 New Federal Revenue \$7,873,839 Total Funding	Non-NCC funding to be identified, except to the extent that GR rental subsidies and/or GR Board and Care Payments are utilized	No NCC	Assessments <u>FY 2010/2011</u> (December 2010 – June 2011) \$2,860,000 – Current NCC \$2,860,000 – Federal Revenue \$5,720,000 – Total Funding Evaluations <u>FY 2010/2011</u> (December 2010 – June 2011) \$ 500,000 - NCC \$ 800,000 – Federal Revenue \$1,300,000 – Total Funding

Funding Sources	<ul style="list-style-type: none"> - NCC and New Federal Revenue - IAR for GR grants and rental subsidies - Prospective GR grant savings for participants with rental subsidy who secure employment/SSI 	Non-NCC	No NCC	Current NCC, some New NCC and New Federal Revenue
Reimbursements expected to be received	FY 2009-10 \$597,162 FY 2010-11 \$1,194,324	To be determined	N/A	FY 2010-11 \$3,660,000
Target Implementation Date	January 2010	January 2011	December 2010	December 2010

Recommendation	#9 RETRIEVAL OF HEALTH AND MENTAL RECORDS	#10 MAXIMIZE CLAIMS OF RETROACTIVE MEDI-CAL FOR GR PARTICIPANTS WHO QUALIFY FOR SSI AND MEDI-CAL	#11 INTEGRATION OF PUBLIC DEFENDERS INTO DPSS SSI ADVOCACY	#12 ENHANCED SERVICES TO GROW PARTICIPANTS
Number of participants to be served each year	6,240 total medical records	2,500	Unknown	1,580
Number and type of staff needed by the Departments	<u>DHS</u> 7 Registered Nurses 3 Clerks <u>DMH</u> 2 Registered Nurses 1 Clerk <u>LASD</u> 1 Registered Nurse 1 Clerk	None	1 Public Defender staff person (Psychiatric Social Worker)	<u>DPSS</u> 13 GSWs 2 GSSs
Number of participants to be moved from GR to SSI per year	6,400 in FY 2010-2011 6,900 in FY 2011-2012 7,400 in FY 2012-2013 (7,400 each year thereafter)	N/A	6,400 in FY 2010-2011 6,900 in FY 2011-2012 7,400 in FY 2012-2013 (7,400 each year thereafter)	N/A
Number of homeless participants to be moved into housing per year	N/A	N/A	N/A	To be determined
Number of GR participants to be moved into jobs	N/A	N/A	N/A	475
Cost	FY 2009-10 \$285,447 - NCC \$201,236 - New Federal Revenue \$486,683 - Total Funding (April 2010 through June 2010). FY 2010-11 \$ 1,033,677 - NCC \$ 804,911 - New Federal Revenue \$ 1,838,588 - Total Funding	No cost	\$ 51,747 - NCC \$ 51,746 - New Federal Revenue \$103,493 - Total Funding	<u>FY 2010/11</u> \$750,000 - New NCC \$750,000 - New federal Revenue \$1,500,00 - Total
Funding Sources	NCC and New Federal Revenue	N/A	NCC and New federal revenue	New NCC and New federal revenue
Reimbursements expected to be received	CSBG-HR 50% federal reimbursement	State/federal reimbursement for treatment within 90 days before filing for SSI application and entire time SSI application is pending	CSBG - HR for 50% of the PD staff cost for SSI advocacy	50% of GROW Program cost to be charged to FSET for those receiving Food Stamp benefits

Target Implementation Date	April 2010	July 2010	July 2010	November 2010
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Recommendation	#13 GROW SERVICES TO EMERGING ADULT PROBATION YOUTH	#14 FEDERAL REIMBURSEMENT FOR GROW SPECIALIZED SUPPORTIVE SERVICES	#15 WORKSOURCE JOB SERVICES TO GROW PARTICIPANTS	#16 GED PREPARATION FOR GROW PARTICIPANTS
Number of participants to be served each year	100	500	500	300*
Number and type of staff needed by the Departments	Existing staff	Existing staff	Existing staff	Existing staff
Number of participants to be moved from GR to SSI per year	N/A	N/A	N/A	N/A
Number of homeless participants to be moved into housing per year	N/A	N/A	N/A	To be determined
Number of GR participants to be moved into jobs	25	125	125	75
Cost	No cost	No cost	No cost	No cost
Funding Sources	N/A	N/A	N/A	N/A
Reimbursements expected to be received	N/A	50% FSET	N/A	N/A
Implementation Date	January 2010	October 2009, if approved reimbursement will be retroactive	March 2010	November 2010

*This projection is based on the ongoing average number of participants enrolled in the GROW Education and Training Component

Recommendation	#17 COMPREHENSIVE STUDY OF MSARP	#18 DEVELOP STATE AND FEDERAL LEGISLATIVE PROPOSALS TO ASSIST INDIGENT ADULTS	#19 DPSS EXPAND DATA COLLECTION FOR THE GR PROGRAM	#20 INCLUDE THE GR PROGRAM IN THE COUNTYS' AND DPSS' STRATEGIC PLAN
Number of participants to be served each year.	N/A	Entire caseload	Entire caseload	N/A
Number and type of staff needed by the Departments	Existing staff	Existing staff	Existing staff	Existing staff
Number of participants to be moved from GR to SSI per year	N/A	N/A	N/A	N/A
Number of homeless participants to be moved into housing per year	N/A	N/A	N/A	N/A
Number of GR participants to be moved into jobs	N/A	N/A	N/A	N/A
Cost	FY 2009/10 \$250,000	No cost	Cost included in GR Restructuring Evaluation Plan	No cost
Funding Sources	NCC	N/A	Cost included in GR Restructuring Evaluation Plan	N/A
Reimbursements expected to be received	None	N/A	None	None
Implementation Date	Study already in progress. Projected completion date: July 2010	July 2010	On-going. Specific data enhancements depend on the implementation date for various elements of GR restructuring	January 2010

Recommendation	#21 PILOT WITH LINKAGES STAFF CO-LOCATED AT DCFS TO CONNECT FOSTER YOUTH TO COUNTY SERVICES	#22 DPSS ENAHNCED SERVICES TO VETERANS	#23 ENHANCED MEDICAL SCREENING FOR FOSTER YOUTH, MEDICALLY INDIGENT UNDER 21 AND PROBATION YOUTH	#24 GR ENHANCED CHILD SUPPORT EDUCATION AND ALLOWANCE OF RESTRICTED ACCOUNTS
Number of participants to be served each year	To be determined	To be determined	To be determined	To be determined
Number and type of staff needed by the Departments	Existing staff	Existing staff	Existing staff	Existing staff
Number of participants to be moved from GR to SSI per year	N/A	To be determined	N/A	N/A
Number of homeless participants to be moved into housing per year	N/A	To be determined	N/A	N/A
Number of GR participants to be moved into jobs	N/A	To be determined	N/A	N/A
Cost	No cost	No cost	State/Federal Medi-Cal Admin Funding	No cost to implement
Funding Sources	N/A	N/A	State/Federal Medi-Cal Admin Funding	Small increase in NCC for GR assistance for participants who establish a restricted account, within the existing maximum 9-month period of eligibility for employable recipients.
Reimbursements expected to be received	None	None	Possibly retroactive Medi-Cal	NCC
Implementation Date	July 2010	July 1, 2010	To be determined	October 1, 2010

Recommendation	#25 ADD POSITIONS TO GR OFFICES USING ECF FUNDS TO ASSIST GR PARTICIPANTS NAVIGATE THE GR PROCESS.	#26 CEO-SIB EVALUATION OF GR PROGRAM POLICY/PROCEDURES AND COST/BENEFITS ANALYSIS	#27 ESTABLISH HOMELESS ACCOUNT IN THE CEO'S BUDGET TO FUND ENHANCED SERVICES TO REDUCE GR HOMELESS
Number of participants to be served each year	To be determined	N/A	Pending
Number and type of staff needed by the Departments	Subsidized employees through the South Bay Workforce Investment Board	Existing staff	Existing staff
Number of participants to be moved from GR to SSI per year	N/A	N/A	N/A
Number of homeless participants to be moved into housing per year	N/A	N/A	To be determined
Number of GR participants to be moved into jobs	N/A	N/A	N/A
Cost	Additional cost funded through the TANF Emergency Contingency (ECF); No NCC	FY 2010/11 \$300,000	No cost to establish account
Funding Sources	ECF Funds	DPSS allocable cost, including 9% New NCC	This account will be funded with GR grant savings for participants who receive a rental subsidy and secure employment/SSI, and IAR for rental subsidies and grants for GR participants who receive a rental subsidy and qualify for SSI.
Reimbursements expected to be received	None	DPSS state and federal allocations for 91% of cost	None
Implementation Date	March 2010	To be determined	January 2010

SSI ADVOCACY IN SELECTED CITIES/COUNTIES

	Denver County, Colorado	City of Baltimore, Maryland	City of Chicago, Illinois	City of Boston, Massachusetts	San Francisco, California	Richmond County, Virginia
SSI Advocacy Overview	<p>The Colorado Coalition for the Homeless (CCH) received an SSA HOPE (Homeless Outreach Projects and Evaluation) grant for their Benefits Acquisition and Retention Team (BART). This is a non-profit provider organization that provides SSI advocacy. The program has an advisory committee that includes representatives from SSA, DDS, the Office of Hearing and Appeals (OHA), and consumers.</p> <p>BART program team members assist clients complete the SSI application and submit them to the local SSA office.</p>	<p>SSI Advocacy is provided by DEAP (Disability Entitlement Advocacy Program). This program provides case management and represents individuals who are potentially eligible to SSI at all levels of the SSI application process; and provides services to individuals receiving State cash assistance (Temporary Cash Assistance [TANF] and Public Assistance to Adults [GR]). DEAP advocates receive referrals of eligible individuals directly from the local Department of Social Services.</p>	<p>Chicago's Transitional Assistance (TA) serves only unemployed individuals through the Legal Assistance Foundation (LAF) of Metropolitan Chicago, which provides SSI Advocacy. TA participants are pre-screened for potential SSI eligibility by LAF. LAF offers document retrieval services, referrals to medical/mental health evaluations (medical staff appointed by the State) and case management. The program does not assist participants with the completion of the SSI application. Participants are referred to the SSA office to file the SSI application and must provide proof that a SSI application has been filed to continue receiving aid.</p>	<p>SSI Advocacy, for the homeless, is conducted by the Disability Determination Services (DDS) office. Participants are pre-screened for potential SSI eligibility by DDS. DDS offers document retrieval, referrals to medical/mental health evaluations (medical staff appointed by the State) and case management, which includes assistance with the completion of the SSI application.</p>	<p>SSI Advocacy is conducted by the Department of Public Health (DPH). GA participants are pre-screened for potential SSI eligibility. DPH offers the following: document retrieval, referrals to in-house medical/mental health evaluations, and Case Managers who assist participants with completion of the SSI application and throughout the SSI application process.</p>	<p>No SSI Advocacy Program; however, some assistance with the SSI application is provided by Eligibility or Social Workers.</p>

	Denver County, Colorado	City of Baltimore, Maryland	City of Chicago, Illinois	City of Boston, Massachusetts	San Francisco, California	Richmond County, Virginia
Contracted	No	Yes	Yes	Yes	No	N/A – no advocacy program
Medical Service	CCH's BART is located in a neighborhood homeless medical clinic, where medical pre-certification and other on-site qualification experts can help expedite the process to obtain eligibility and benefits for SSI and SDI.	Yes, medical testing and evaluations paid for by the State	Yes, medical and or mental health evaluations are conducted by State- appointed medical staff.	Yes, medical and/or mental health evaluations are conducted by State-appointed medical staff.	Yes, medical and or mental health evaluations are provided by in- house staff. The in-house staff include: 5 Psychologists 4 Physicians 2 Outreach Workers 2 Medical Records Clerks	Not specifically for SSI Advocacy.
Document Retrieval	Information is unavailable	Information is unavailable	Yes	Information is unavailable	Yes	No
Case Management	Yes Advocates are responsible for completing the intake process and entry of appropriate data in the DEAP database, initiating contact to schedule and hold a Social Security Disability Benefits application appointment and to provide on-going assistance with the appeals representation	Advocates are responsible for completing the intake process and entry of appropriate data in the DEAP database, initiating contact to schedule and hold a Social Security Disability Benefits application appointment and to provide on-going assistance with the appeals representation	Yes, provides case management; however, does not assist the participant with the completion of the SSI application.	Yes, assists with completion of the SSI application and submits the application to SSA.	Yes, staff assists with completion of the SSI application, filing SSI Presumptive Eligibility applications; and refers participants to a panel of attorneys for appeal representation services paid for by SSA.	No

	Denver County, Colorado	City of Baltimore, Maryland	City of Chicago, Illinois	City of Boston, Massachusetts	San Francisco, California	Richmond County, Virginia
Outreach	Yes, conducted through a mobile clinic.	Information is unavailable	Yes, conducted by the Corporation for Supportive Housing (CSH)	Yes, conducted by a team of Attorneys, Mental Health Providers and Medical staff	Yes	None
Level of Staff	The unit is staffed with medical providers, case managers, occupational therapist and data specialist.	Contracted Staff	Attorneys and/or Paralegals	Attorneys, Mental Health Providers, Interns and Case Managers	Supervisors, Case Managers, Psychologist, Physicians, Outreach Workers and Medical Records Clerks	N/A
Filing timeline	Information is unavailable	Aided individuals who are disabled for 12 months or more must file an application for SSI.	When participants are identified, they are referred to the SSA office to file the SSI application.	Information is unavailable	If participant is found to be disabled, he/she must apply for SSI.	An application for SSI is required after applying for the GR-equivalent program.
SSI Approval Rate	Initial Application – 75%	Initial application rate is unavailable. Reconsideration and hearing - 88% approval rate. The overall SSI approval rate is not available.	Initial Application – 60% Reconsideration – 40% Hearing – 85%	In eight months: 34 SSI approvals 75 Pending	85% initial application approval rate	Information is unavailable
Performance Measures	Information is unavailable	Information is unavailable	Information is unavailable	Information is unavailable	Information is unavailable	Information is unavailable
Costs	Information is unavailable	Information is unavailable	\$100,000 for three years	\$67,500/year	Information is unavailable	N/A
SSI Advocacy Caseload	Information is unavailable	Information is unavailable	Average annual caseload of 1,100 (all participants are disabled)	Information is unavailable	Information is unavailable	N/A

	Denver County, Colorado	City of Baltimore, Maryland	City of Chicago, Illinois	City of Boston, Massachusetts	San Francisco, California	Richmond County, Virginia
			and assessed for SSI eligibility)			
Housing Subsidy?	No	No	No	No	Yes	Information is unavailable
Exclusive to Homeless Population?	No	No	No	No	No	Information is unavailable

WHAT IS SOAR?

The Issue

Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) are disability income benefits administered by the Social Security Administration (SSA) that generally also provide either Medicaid and/or Medicare health insurance to individuals who are eligible. Accessing these benefits is often a critical first step in recovery.

For people, who are homeless with mental health problems that impair cognition or who are returning to the community from institutions (jails, prisons or hospitals), access to these programs can be extremely challenging. The application process for SSI/SSDI is complicated, detailed, and often difficult to navigate. Typically, about 10-15 percent of individuals who are homeless have these benefits.

The Solution

SSI/SSDI Outreach, Access and Recovery (SOAR) is a strategy that helps states to increase access to SSI/SSDI for people who are homeless or at risk of homelessness through:

- Strategic planning
- Training and
- Technical assistance

SOAR currently works in 34 states and Los Angeles County and has success rates on initial application of 70 percent compared to the usual 10-15 percent for applicants who are homeless.

SOAR offers

1. A planning meeting of key stakeholders (Social Security Administration, Disability Determination Services, medical providers, state agency leadership, Department of Corrections representatives, and community homeless, health and behavioral health providers) to develop an action plan for implementing the SOAR approach
2. A Train-the-Trainer program that includes use of SAMHSA's *Stepping Stones to Recovery* training curriculum
3. Ongoing technical assistance to states and communities for 12-18 months

A Different Model

SOAR is a different model that includes:

1. Collaboration and strategic planning among key stakeholders
2. Training of case managers to assist applicants and gather evidence proactively
3. A step-by-step explanation of SSI application and disability determination process
4. A list of critical components for success; the greater the number of critical components implemented, the higher the rate of success
5. A train-the-trainer program allows for expansion and sustainability
6. Focusing on documenting disability for the initial application. Get it right the first time!
7. Avoiding appeals
8. Providing follow-up observation, technical assistance, and feedback for State's initial training and ongoing technical support for action plan implementation
9. Tracking outcomes to document success and to help access additional resources

National SOAR Outcomes – Spring/Summer 2009

Initial SSA Disability Decisions (Since inception of SOAR)					
State	Locality	Total # Decisions	Total # Approved	Allowance Rate (% Approved)	Avg. Time to Decision (in days)
1. Alabama	Statewide ¹	40	28	70%	95
2. Alaska	Anchorage ¹	12	8	67%	88
3. Arkansas	Jonesboro ²	25	23	92%	56
4. Connecticut	Statewide ¹	25	18	72%	58
5. Delaware	Wilmington ²	53	42	79%	85
6. Florida	Miami/Monroe ²	173	140	81%	69
	Broward Co. ³	256	143	56%	135
7. Georgia	Atlanta ²	360	286	79%	82
	Other/Statewide ²	55	29	53%	85
8. Indiana	Indy, So. Bend, Jeffersonville ³	12	10	83%	121
9. Kansas	Kansas City ²	7	5	71%	73
10. Kentucky	Covington ¹	67	48	72%	60
	Louisville ³	54	28	52%	91
11. Maryland	Baltimore City ²	2	2	100%	22
12. Massachusetts	PATH Team ³	123	86	70%	NA
	Boston/Western MA ³	121	32	26%	NA
13. Michigan	Statewide ²	410	258	63%	83
14. Minnesota	Statewide ¹	264	232	88%	120
15. Nebraska	Lincoln ²	24	14	58%	72
	Omaha ²	16	9	56%	90
16. Nevada	Statewide ¹	124	78	63%	31
17. New Hampshire	Statewide ¹	6	5	83%	120
18. New Jersey	Newark ¹	8	3	38%	262
	Somerset County ¹	12	8	67%	130
19. New York	Albany County ²	5	3	60%	42
	Onondaga County ²	21	17	81%	79
	Orange County ²	4	4	100%	113
	New York City ²	39	28	72%	103
	NYS DOC ³	99	87	88%	59
20. North Carolina	Statewide ¹	53	40	75%	120
21. Ohio	Statewide ³	110	50	45%	88
22. Oklahoma	Oklahoma City/Tulsa ³	71	39	55%	62
23. Oregon	Josephine Co. ¹	138	75	54%	91
	Portland ² (B.E.S.T)	149	129	87%	49

		Initial SSA Disability Decisions (Since inception of SOAR)			
State	Locality	Total # Decisions	Total # Approved	Allowance Rate (% Approved)	Avg. Time to Decision (in days)
25. Rhode Island	Statewide ²	27	16	59%	87
26. Tennessee	Nashville ²	167	156	93%	70
	Chattanooga ¹	15	13	87%	111
27. Texas	Houston ²	52	35	67%	73
28. Utah	Salt Lake County ¹	662	478	72%	122
29. Virginia	Statewide ²	132	91	69%	69
30. Washington	Statewide Veterans ²	10	10	100%	137
31. West Virginia	Charleston/Huntington ²	5	5	100%	35
32. Wisconsin	Milwaukee ²	24	22	92%	82
	Waukesha ⁴	179	153	85%	70
TOTAL		4,386	3,158	71%	89

¹ Data through April/May/June 2009.

² Data through July/August 2009.

³ 2008 data only.

⁴ Data include appeals and were not counted in the allowance percent calculation or in average time to decision calculation.

